

CREDIT APPLICATION - CUSTOMER UPDATE



Fax To: Amanda Drake
 Phone # 706-557-1400
 Fax # 706-557-1405
 email: amanda@profoam.com

Division of Barnhardt Manufacturing Company

Fax From: _____

Select One: **New Customer Application** **Customer Information Change (changes only)**

Date	Customer Number	Salesman PROFOAM	Business Unit
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1. COMPANY INFORMATION

Full Legal Name/ Business Entity	Phone Number	Fax Number		
DBA (doing business as)	E-mail Address			
Billing Address	City	County	State	Zip

2. BUSINESS CREDIT INFORMATION

FEIN Number	Nature of Business	Years in Business	Years at present site
Incorporated?	If so, under laws of what state	Tax Exemption Number?	Attach Tax Exemption Certificate

All Sales are Taxable unless a Tax Exemption Certificate is on File

3. BANK REFERENCES

Bank Name	Account #		
Address	City	State	Zip
Contact	<u>Phone Number (Required)</u>	<u>Fax Number</u>	

4. CREDIT REFERENCES

Company Name	Contact	Phone Number	
Address	City	State	Zip
Company Name	Contact	Phone Number	
Address	City	State	Zip
Company Name	Contact	Phone Number	
Address	City	State	Zip

By signing this application we agree to all terms and conditions as listed on each invoice. All amounts owed beyond the payment due date are subject to a 1.5% monthly finance charge. If it becomes necessary to initiate legal proceedings to recover the amounts past due, Barnhardt Manufacturing Co. will be entitled to recover all cost, attorney fees, and collection agency fees. Return policy is 30 days from invoice date. Merchandise must be in saleable condition. All returns must be authorized and will be subject to a 25% restocking charge plus freight charges. The undersigned is authorized to release the reference credit information of the company listed above by their signature guarantees payment on the account. "The undersigned is executing this authorization for Barnhardt Manufacturing Co. to obtain a consumer credit report on the undersigned individual through credit and consumer reporting agencies or other sources, in order to further evaluate the creditworthiness of such individual in connection with the credit evaluation process and the proposed extension of business credit to the Applicant".

Signature _____ Print Name _____ Social Security Number _____ Date _____

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5. ACCOUNT TYPE

Requested Open Credit Line Amount	Requested Credit Terms Prepaid <input type="checkbox"/> Net 15 <input type="checkbox"/> Net 30 <input type="checkbox"/>
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6A. CUSTOMER INFORMATION – Main Location

Enterprise Customer Name		Contact Name	Contact Phone Number
Enterprise Customer Address			E-mail Address
City	County	State	Zip
			Contact Fax Number

6B. CUSTOMER INFORMATION – Buying Location

Check Box If Information Is The Same As Main Location

Buying Customer Name		Buying Contact Name	Contact Phone Number
Buying Customer Address			E-mail Address
City	County	State	Zip
			Contact Fax Number

6C. CUSTOMER INFORMATION – Billing Location

Check Box If Information Is The Same As Main Location

Billing Customer Name		Billing Contact Name	Contact Phone Number
Billing Customer Address			E-mail Address
City	County	State	Zip
			Contact Fax Number

6D. CUSTOMER INFORMATION – Shipping Location 1

Check Box If Information Is The Same As Main Location

Shipping Customer Name		Shipping Contact Name	Contact Phone Number
Shipping Customer Address			E-mail Address
City	County	State	Zip
			Contact Fax Number

6E. CUSTOMER INFORMATION – Shipping Location 2

Check Box If Information Is The Same As Main Location

Shipping Customer Name		Shipping Contact Name	Contact Phone Number
Shipping Customer Address			E-mail Address
City	County	State	Zip
			Contact Fax Number