

1201 Hwy 90 Bay St Louis, MS 39520

Phone: 228.467.0002

Fax: 228.467.0034 **Email:** sales@snloffice.com

Print, Sign, and Return Via Fax or Email

ACCOUNT APPLICATION						
INDIVIDUAL OR COMPANY NAME					DATE	
STREET ADDRESS, CITY, STATE & ZIP CODE						
PHONE NO.	FAX NO.	EMAIL ADDRESS				
PRINCIPAL OWNERS				DATE ESTABLISH	HED	
FEDERAL I.D. NUMBER			TAX RESALE NUMBER			
IF COMPANY, TYPE OF OWNERSHIP:			Corporation	Partnership	Individual	
Application for credit is hereby made and the following references given. It is understood this information will be held in strict confidence and used only by our Credit Department. TERMS: All invoices are due and payable thirty (30) days from the invoice date.						
BANKS (Checking Account)			BANKS (Savings Account)			
ADDRESS			ADDRESS			
PHONE NO.			PHONE NO.			
BUSINESS REFERENCES WHERE CREDIT NOW EXTENDED NAME NAME						
NAME						
ADDRESS			ADDRESS			
PHONE NUMBER	FAX NUMBER		PHONE NUMBER		FAX NUMBER	
E-MAIL ADDRESS			E-MAIL ADDRESS			
NAME			NAME			
ADDRESS			ADDRESS			
PHONE NUMBER	FAX NUMBER		PHONE NUMBER		FAX NUMBER	
E-MAIL ADDRESS			E-MAIL ADDRESS			
We understand your terms and	agree to abide by them.		•			
relating to the individual or company mabalances are to be paid 30 days from the	aking application for credit. It is unde ne date of the invoice. Past due balan	erstood that th nces after (30	is information will be u) thirty days will accrue	sed to determine whe interest at a rate of 2	upplies, may obtain credit history information of the undersigne ther credit is extended to the undersigne when per month or 24% per annum. It is agrees of 30% of the outstanding principal balances.	ed. All eed
PRINT NAME:SIG			SIGNATURE:			
TITLE:DA			DATE:			
(For Non-Individual Applicants Only)						
CREDIT APPROVED	MAXIMUM AMOUNT:	DII DEPA	RTMENT USE O	NLY		
CREDIT REFUSED	REASON:					
S. (25.1) (12.1 CO25)						
Signed:					Date:	