



www.clgco.com

Carroll Companies, Inc.

1640 Old 421 South

Boone, NC 28607

Phone: 828-264-2521 1-800-884-2521

Fax 828-264-2633

Credit Application/Agreement

We(or I) with this application apply for credit with Carroll Companies, Inc. and hereby submit the following statements knowing them to be correct. We also understand that this information will be kept confidential.

A. APPLICANT

Legal Business Name: _____
(List all Trade Names, DBA's; Divisions or Subsidiaries)

(Physical Address) (City) (State) (Zip)

(Phone) (Fax) (Email)

(Mailing Address) (City) (State) (Zip)

(Ship To Address) (City) (State) (Zip)

Contact Person in Sales: _____ Contact Person in A/P: _____

Type of Business: _____ How Long Have You Been In Business: _____

How did you find out about us: _____ Would you prefer your invoices to be mailed or emailed: _____

What type of products are you interested in: _____

Estimated Annual Sales: _____ Amount of Credit Requested: _____

B. BUSINESS INFORMATION

Sole Proprietorship Owner _____ Partnership Partner(s) _____

Corporation/LLC President/Member/Manager _____

Federal Tax No. (if applicable) _____ Sales Tax Exemption Certificate Yes No (if yes, enclose signed certificate or copy)

C. BANKING INFORMATION

Bank _____ Branch _____ Phone _____

Acct. No. _____ Type of Acct. _____

FOR OFFICE USE ONLY: APPROVED FOR

CUST # _____ Terms _____ Credit Limit _____ WHSE _____

Pricing Level _____ Sales Rep _____ Discounts _____



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D. TRADE REFERENCES (Please fill out 3 references)

1. _____
(NAME) (CONTACT) (ADDRESS)

(PHONE) (FAX) (EMAIL)

2. _____
(NAME) (CONTACT) (ADDRESS)

(PHONE) (FAX) (EMAIL)

3. _____
(NAME) (CONTACT) (ADDRESS)

(PHONE) (FAX) (EMAIL)