

# Credit Application

**Fast Copy**

1019 North Westover Boulevard  
Albany, Georgia 31707  
229-434-0640

Company:			
Company Address:			
Telephone:			
Fax:			
Type of Business (Partnership, Corp.):		Years in Business:	

## Partners or Corporate Officers

Name	Title	Telephone

## Bank References

Bank Name & Address	Account Number(s)	Contact Name & Phone

## Trade References


I certify that the above information is true. This information is to be used only for opening an account.

Sign, Title, & Date

Authorized Signators:
