



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

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.

FIRM'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_  
(Street and/or P.O. Box) STATE WHOLESALE LICENSE/RESALE #: \_\_\_\_\_  
(City) (State) (Zip)

TYPE OF BUSINESS:  Corporation  Partnership  Sole Proprietorship  Other

FEDERAL I.D. #: \_\_\_\_\_ CONTACT EMAIL ADDRESS: \_\_\_\_\_  
DUN & BRADSTREET #: \_\_\_\_\_ CONTACT PERSON - REGARDING PAYMENTS \_\_\_\_\_

OWNER/MANAGER \_\_\_\_\_

TERMS YOU ARE APPLYING FOR: COD CHECK \_\_\_\_\_ NET 30 \_\_\_\_\_

LINE OF CREDIT DESIRED  \$500-\$1000  \$1001-2000  OVER \$2000 \$ \_\_\_\_\_

HOW LONG HAVE YOU BEEN IN BUSINESS? \_\_\_\_\_ YEARS AT CURRENT ADDRESS \_\_\_\_\_

TYPE OF CREDIT CARD: \_\_\_\_\_ CREDIT CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

NAME OF THE BANK YOU ARE DOING BUSINESS WITH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (Street and/or P.O. Box) (City) (State) (Zip)

PHONE #: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

CREDIT LINE AT YOUR BANK \$ \_\_\_\_\_  NO CREDIT LINE

Trade Reference _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____	Trade Reference _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____
Trade Reference _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____	Trade Reference _____ Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax _____

Packing List Required:  Yes  No Packing List with Prices  Yes  No

Back Orders  Yes  No

\*Signature of individual personally guaranteeing payment by the above company. This individual also agrees to pay service charges of 1\_ % in the event the account becomes past due in accordance with the terms of sale.

\_\_\_\_\_  
(Signature) (Date)

I, \_\_\_\_\_ of \_\_\_\_\_  
(Owner, Partner, of Officer) (Company Name)

give \_\_\_\_\_ authorization to release my credit history on

\_\_\_\_\_  
(Financial Institution)

\_\_\_\_\_  
(Account Number)

to Carroll Companies, Inc..

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)