



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: _____
CONTACT PERSON – REGARDING PAYMENTS

DUN & BRADSTREET #: _____

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 1/2 % 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)