



Date: _____
 Sales #: _____
 Acct #: _____
 Approved: _____

CREDIT APPLICATION FORM

P.O. BOX 1426 • 808 NORTH MAIN STREET • LEXINGTON, N.C. 27293-1426 • PHONE: (336) 249-4921 • FAX #: (336) 249-4922
 LEXINGTON: 1(800)222-6805 • MOORESVILLE: 1(800)615-6759 • FAX: 1(336)249-4922 • www.centralhp.com

WE WOULD LIKE TO ESTABLISH AN ACCOUNT UNDER THE FOLLOWING NAME WHICH IS THE TRADE NAME ADOPTED BY THE UNDERSIGNED, WHO (ARE) (IS) JOINTLY AND SEVERALLY RESPONSIBLE FOR ALL GOODS ORDERED AND BILLED IN THE BELOW NAME. (WE) (I) AGREE TO NOTIFY YOU IMMEDIATELY IN WRITING OF ANY CHANGE IN OWNERSHIP OR PARTNERSHIP.

FIRM

Name _____ Phone:(_____) _____ Fax:(_____) _____
 Complete Address: _____
Street City State Zip
 Type of Business: Corporation Partnership Individual Ownership
 Corporate Name: _____
 Owner or President: _____ Social Security No: _____
 Home Address: _____
 Bank Name: _____
 Bank Address: _____
Street City State Zip
 Bank Checking Acct. No.: _____ Bank Phone No.(_____) _____
 In Business How Long: _____ Building Owned Leased

BUSINESS REFERENCES: (Please Fill In With Complete Address)

Name: _____ Address: _____ City: _____ <small>State Zip</small> Phone: _____ Fax: _____	Name: _____ Address: _____ City: _____ <small>State Zip</small> Phone: _____ Fax: _____	Name: _____ Address: _____ City: _____ <small>State Zip</small> Phone: _____ Fax: _____
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PLEASE INDICATE THE TYPE OF BILLING YOUR COMPANY IS REQUESTING.

COD Cash COD Check Open Account, Line of Credit Applying for: _____

YOUR COMPANY WILL BE BILLED COD CASH UNTIL ALL INFORMATION AND REFERENCES ARE RECEIVED. COD CHECK AND OPEN ACCOUNT MUST BE APPROVED BY THE CREDIT MANAGER.

Certificate of Resale Number: _____ For State of: _____

THE UNDERSIGNED HEREBY CERTIFY THAT THE TANGIBLE PERSONAL PROPERTY WHICH WE PURCHASE FROM YOU IS, OR WILL BE, PURCHASED AS FOR RESALE. BY EXECUTING THIS DOCUMENT WE ASSUME LIABILITY FOR SALES OR USE TAX DUE ON ALL SAID TANGIBLE PROPERTY PURCHASED AS FOR RESALE. THIS DOCUMENT IS TO REMAIN IN FULL FORCE AND EFFECT UNTIL SAME IS REVOKED IN WRITING.

I WILL PAY FOR MY PURCHASE ACCORDING TO THE TERMS AND POLICIES OF CENTRAL HIGH PERFORMANCE, INC. THAT ARE IN EFFECT AT THE TIME OF PURCHASE. I FURTHER ASSUME RESPONSIBILITY FOR ALL BILLS CONTRACTED IN MY NAME AT THE ABOVE ADDRESS, AND IF DELINQUENT ALL COLLECTION EXPENSES, AND DESIGNATE THE FOLLOWING NAMED PERSONS AS THE AUTHORIZED PURCHASING AGENTS AND EMPLOYEES OF THE UNDERSIGNED UNTIL WRITTEN NOTICE TO THE CONTRARY IS GIVEN. I AUTHORIZE THE ABOVE REFERENCES TO RELEASE ANY CREDIT INFORMATION TO CENTRAL HIGH PERFORMANCE, INC.

Name: _____ Date: _____
 Name: _____ Firm: _____
 Name: _____ Signature: _____
 Name: _____ Title: _____

Please Attach Corporate Seal Over Signature



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