



Athens Stonecasting

191 Richmar Road * Athens, Georgia 30607
800-422-1541 Fax 888-735-8073 or (706)548-8818
www.athensstonecasting.com

Credit Application

Please complete all sections of this form and sign

FAX BACK ATTN: ACCOUNTS RECEIVABLE

Date _____ Line of Credit Requested \$ _____

Business Name _____ Phone _____
(Area Code & Number)

DBA _____ Federal Tax I.D. # _____

Address _____
(Street)

_____ For Past ____ Years
(City) (State) (Zip Code)

Mailing Address _____
(Street) (City) (State) (Zip Code)

Former Business Address (If Applicable) _____

Type of Business _____ Date Established _____ How Long in Business _____

Does State, County or City Require a License? _____ Yes _____ No

If Yes, License Number _____

OWNERSHIP: Sole Owner _____ Partnership _____ Corporation _____ # of Employees _____

PRINCIPAL: _____
(Name) (Title) (SS#)

(Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#)

(Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#)

(Home Address)

PRINCIPAL: _____
(Name) (Title) (SS#)

(Home Address)

(Continued)

Athens Stonecasting

191 Richmar Road * Athens, Georgia 30607
800-422-1541 Fax 888-735-8073 or (706)548-8818

TRADE REFERENCES: Name suppliers of major products and services

NAME

ADDRESS / PHONE

_____	_____
_____	_____
_____	_____
_____	_____

BANK REFERENCE: _____ Checking _____ Loan _____ Savings

_____ (Name)	_____ (Address)
_____ (Acct#)	_____ (Contact)
_____ (Name)	_____ (Address)
_____ (Acct#)	_____ (Contact)
_____ (Name)	_____ (Address)
_____ (Acct#)	_____ (Contact)

Has the firm or any of its principals ever been bankrupt? _____ Yes _____ No

If yes, explain: _____

I am an authorized officer(s) or owner of the listed company, and I authorize Athens Stonecasting or its assignee and any credit bureau or other investigative agency to investigate the references, statements, banks and/or other data listed. The undersigned authorizes all parties contacted to release credit, personal, and financial information requested as part of said application. The undersigned agrees to the terms and conditions as printed on the invoice and/or statement and, if credit is extended, will be responsible for payment of all invoices. Net payment due on Invoice Terms. In case of damage or problems, claims must be reported within (7) business days of delivery, by fax, phone, or clams@athensstonecasting.com to receive replacements on the next order or a claim number. Late fees of 1.5% per month will be added on all past due accounts. Athens Stonecasting's liability will be limited to the selling price of defected goods without additional liability for special or consequential damages. If payment is not made the customer is liable for all collection costs incurred, including all legal expenses and fiance charges.

* _____
Signature (Print Name) (Company Name)

The undersigned personally guarantees payment should the company or corporation becomes unable to meet payment.

* _____
Signature Title

* REQUIRED PLEASE
SIGN IN BOTH PLACES