

**The Aderhold Firm, Inc.**

**A**

**APPLICATION FOR CREDIT**

Date: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

Name of Accounts Payable Contact: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Type of Account Requested:**

**Terms**

**TERMS ARE NET 30 DAYS.** There will be a 1.5% monthly service charge on all past due invoices (18% annual). Credit limits \$ 1000.00 until credit has been established.

**Credit Card**

The Aderhold Firm Inc. accepts payments from Visa, MasterCard, and American Express

P.O. Box 1551 Lawrenceville, Georgia 30046

Tel: 770-962-5111 Fax: 770-962-6995

E-Mail: [steve@aderholdfirm.com](mailto:steve@aderholdfirm.com)

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**Please provide us with three credit references for verification purposes:**

**Reference #1:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Reference # 2:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**Reference # 3:**

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

**I hereby agree to the terms and conditions offered:**

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_