

COMMERCIAL CREDIT APPLICATION

S. W. RAWLS, INC.

P. O. Box 777

Franklin, VA 23851

(757) 562-3115

COMPANY NAME: _____ PHONE: (____) _____

MAILING ADDRESS: _____

Check One: Corporation _____ Partnership _____ Proprietorship _____ FEIN: _____ Registered Agent: _____ Address: _____ Phone Number: _____

Name and Title of Owner or Officers:

1. Name: _____ Title: _____ SSN: _____
 2. Name: _____ Title: _____ SSN: _____

CREDIT REFERENCES:

1. Name: _____
 Mailing Address: _____
 Phone: _____ Contact: _____

2. Name: _____
 Mailing Address: _____
 Phone: _____ Contact: _____

3. Name: _____
 Mailing Address: _____
 Phone: _____ Contact: _____

BANK:

Name of Bank: _____ Account #: _____
 Mailing Address: _____
 Phone: _____ Contact: _____
 Credit Line Requested: _____ P. O. Required? Yes _____ No _____
 Tax Exempt? Yes _____ No _____ (If tax exempt, please attach exempt form.)

Financial statement must be included with this application.

TERMS:

I understand the terms are net 30 days. I agree to pay for all merchandise ordered by me or my agent within these terms. I understand that if these terms are not met, S. W. Rawls, Inc. will withdraw credit privileges without notice, and a service charge of 1.5% per month (18% per year) will be added to the unpaid balance. If we refer collection of balance to an attorney or collection agency, you will be liable for all reasonable fees incurred, plus all court costs and expenses. I hereby authorize you or any credit reporting agency employed by you to investigate the references herein listed or any of the other information stated above to determine my qualifications for credit.

I hereby certify the information provided above is true and accurate to the best of my knowledge. I have read and understand the credit terms above.

Name (Print): _____ Title: _____

Signature: _____ Date: _____