



PO BOX 306
GUNTERSVILLE, AL 35976
Telephone 256-582-2636
Fax 256-582-2672

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Company Name:			
Accounts Payable Contact:		Will a PO number be required?	
Phone:	Fax:	E-mail:	
Company address:			
City:		State:	ZIP Code:
Do you have a sales tax exemption?		(If yes, please provide Certificate of Resale)	
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Principal Owner or Officer:			
Date business commenced:			
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Bank Officer:	Comments:		

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid **30 days** from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days.
3. By submitting this application, you authorize Madison Materials to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:	Title:
Date:	Date: