

1825-C Cross Beam Drive
Charlotte, NC 28217
PH: 704-357-0474
FX: 704-357-0437



CREDIT APPLICATION

Company name _____	Corporation _____
Billing Address _____	Partnership _____
_____	Proprietorship _____
Physical Address _____	Number of Employees _____
Telephone Number _____	Contact Names/Company Officers _____
Fax Number _____	_____
Duns number _____	_____

BANK REFERENCE

Bank Name _____	Phone number _____
Address _____	Account number _____

CREDIT REFERENCE

Company Name	Phone number	Fax number	Contact Name	Address
1. _____				
2. _____				
3. _____				

TERMS AND CONDITIONS

Applicant hereby certifies that information furnished in the application is true and correct and your signature confirms that you agree, and will adhere to our payment terms of 30 days from invoice date with the **exception** of any Duties, which are due at the time of entry. CLN will not be responsible for customs penalties due to non-payment of Duties. In the event of non-payment the applicant hereby agrees to pay all collection cost, attorney fees, and/or court costs. By signing you are confirming that you are an officer of company stated above and that you agree to all terms as stated.

Authorized Company Representative

Signature	Date	Print Name	Title
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