



Magnolia Bolt, Inc.

Mississippi Location:
6124 Shortcut Road
Moss Point, MS 39563
Phone 228.474.2885
Fax 228.474.2887
Toll Free 888.474.2885

Alabama Location:
9466 Bellingrath Road, Bldg. 2
Theodore, AL 36582
Phone 251.973.0524
Fax 251.973.0525
Toll Free 800.291.9693

Florida Location:
8500 Fowler Avenue
Pensacola, FL 32534
Phone 850.479.0877
Fax 850.479.3013
Toll Free 800.291.9693

CUSTOMER CREDIT APPLICATION

Company Name _____

Billing Address _____

City _____ State _____ Zip Code _____

Business Structure: Individual Partnership Corporation

If individual partnership: Social Security Number _____

If Corporation: State Incorporated _____

Branch: Yes No Parent Company _____

Street Address _____

City _____ State _____ Zip Code _____

Date Business Started: _____ Purchase Order Required? Yes No

Accounts Payable Contact: _____

The undersigned agrees to the following:

Returned Checks: A service fee of \$30.00 may be applied to any returned check.

Returning Material: Restocking charge on all goods returned may be applied.

Additional Fees: In the event a suit is filed to enforce payment, I/We agree to reasonable attorney fees as followed by the law.

Signature _____

Printed Name _____

Title _____

Date _____



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BANK REFERENCE

Name of Bank _____
Officer _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ Email _____

TRADE REFERENCES

Name _____ Officer _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ Email _____

Name _____ Officer _____
Street Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____ Email _____

Name _____ Officer _____
Street Address _____
City _____ State _____ Zip Code _____
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GENERAL PROVISIONS FOR APPLICATION FOR CREDIT

This application and the information contained herein is a request for the extension of credit for commercial business use only, and applicant certifies that the firm he represents is doing business as a Corporation (), Partnership (), Sole proprietorship () (please check one). The applicant authorizes the above named Creditor to obtain a written or oral credit report from an credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business, to give any and all necessary information to the Creditor which will assist Creditor in the credit investigation. The applicant further authorizes the Creditor to reinvestigate the applicant's credit status from time to time, as the Creditor deems necessary and, should Creditor, upon such reinvestigation, deem it necessary to limit or terminate the credit arrangement with applicant, said applicant shall be notified in writing as to any adverse action. Upon approval of this application for credit, said applicant will be notified in writing along with Creditor's terms of sale, and should applicant, at some future time, deviate from the Creditor's terms or sale, said Creditor reserves the right to terminate future extension of credit with applicant.

If credit is extended, I (we) agree to pay Creditor all debts incurred with Creditor's terms of sale. I (we) expressly waive all right of exemption under the constitution and laws of the State of Mississippi and any other state, as to personal property, and I (we) agree to pay all costs of collection or attempting to collect or secure any and all debts which I (we) now owe or which I (we) may in the future owe Creditor for goods sold me (us) or for services rendered, including a reasonable attorney's fee on the unpaid debt so long as any of said indebtedness is due and unpaid. I (we) also agree to pay a finance charge of 1 1/2% per month (annual percentage of 17.9% on any unpaid past due balance. Creditor is hereby authorized to deliver goods or perform services for the following at my (our) account; this shall continue until written notice to the contrary is given and accepted, which acceptance shall be evidenced by signature of Creditor.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance to invoice terms.

The above information as well as that given on prior pages is for the purpose of obtaining credit and is warranted to be true.

I/We hereby authorize the firm to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility.

Firm Name _____

Signature _____

Printed Name _____

Title _____

Date _____