



Remit to: Sudden Service, Inc.
 PO Box 903
 Louisville, MS 39339
 Inquiries: mtaylor@taylorbigred.com
 (662)773-3421 ext. 455

CUSTOMER CREDIT APPLICATION

Customer warrants that the following information is accurate and complete: (Please attach additional sheets as needed)			
Name of Customer (Legal Name)		EIN/SSN	
Trade Name			
Mailing Address	City	State	Zip
Shipping Address	City	State	Zip
Phone Number	Fax Number		
Contact Person – Position	DUNS #		

email address: _____

Business Facts:

<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation
<input type="checkbox"/> Other form of business: _____
Formed/Incorporated under state laws of: _____
Date of formation, incorporation or partnership: _____ Years _____ Months
email address: _____
Would you like invoices and statements emailed? Yes _____ No _____ Are PO's required? Yes _____ No _____

BANKING

Name of Account Holder	Account Number	Bank Officer
Bank Name	Phone Number	
Mailing Address	City	State Zip

TRADE REFERENCES

Name	Address	Email or Fax Number
1.		
2.		
3.		

STATE SALES TAX EXEMPTION: The Customer will be charged the applicable sales tax on all purchases unless Customer submits a valid resale certificate as part of this credit application.

For Office use only: Requested By: _____ Amount requested _____

EQUAL CREDIT OPPORTUNITY ACT: If your application for business credit is denied, you have the right to a written statement of specific reason and/or reasons for the denial. To obtain the statement, please contact our customer service manager at 649 North Church Avenue, Louisville, MS 39339, or by phone at (662) 773-3421 ext.455, or by email to mtaylor@taylorbigred.com within sixty (60) days from the date you are notified of our decision. We will send you a written statement of the reason/reasons for the denial within thirty (30) days of receiving your request for the statement.

NOTICE TO APPLICANTS AND/OR GUARANTORS: To help the government fight the funding of terrorism and money laundering activities, U. S. Federal law requires financial institutions to obtain, verify and record information that identifies each person (individuals or businesses) who open an account. What this means for you: When you open an account or any additional service, we will ask you for your name, address, and taxpayer identification number that will allow us to identify you. We may also ask to see other identifying documents.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation. The applicant understands that all past due balances will be subject to a 1.5% per month finance charge. The applicant further agrees to pay a reasonable collection charge including attorney fees in the event of default, if the account is placed with a collection agency or attorney.

I hereby certify that all the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

Applicant Company Name:

Signature: _____ Title: _____ Date: _____

Print Name: _____