



Return to: OEC or Fax to: (251)-479-2280  
 104 East I-65 Service Road N. or (888)-249-2280  
 P.O. Box 160775  
 Mobile, Alabama 36616

**Credit Application**

Sales Rep's Name: \_\_\_\_\_

**The following information is submitted for your consideration as a basis of extension of credit to us**

Account name: _____	Contact Person: _____
Delivery Address: _____	Phone #: _____ Fax #: _____
City: _____ State: _____ Zip: _____	Email Address: _____
Mailing Address: _____	Accounts Payable Clerk: _____
City: _____ State: _____ Zip: _____	Phone #: _____ Fax #: _____
Number of years in business: _____	Are P.O.'s needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name(s) of people with authority to place orders:	Are you exempt from sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No
1. _____	(If yes) Tax exempt #: _____ State: _____
2. _____	Do you prefer delivery with <input type="checkbox"/> Packing Slip or <input type="checkbox"/> Invoice
3. _____	(if invoice) How many invoice copies are needed? _____

**The following information must be completed in full and will be held in the strictest confidence**

Our legal entity is (check one)  Corporation  Co-Partnership  Sole Proprietorship  Government Agency  
 If a corporation, list names of Officers and Titles. If other entity, list names of partners or owners.

	<u>Principal Name</u>	<u>Address</u>	<u>City/State/ZIP</u>	<u>Position</u>	<u>Phone #</u>
1					
2					
3					

If business is a division or subsidiary, list complete name and address of Parent Company.  
 Name: \_\_\_\_\_ Invoices Paid by:  Division/Subsidiary  
 Address: \_\_\_\_\_  Parent Company  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Dun & Bradstreet Number: \_\_\_\_\_

**Bank Affiliation**

Bank Name: _____	Bank Address: _____
Bank Officer: _____	City: _____ State: _____ Zip: _____
Department: _____	Account #: _____
Type of Business: _____	Phone #: _____

**References (Complete in full)**

	<u>Company Name</u>	<u>Address</u>	<u>City</u>	<u>ST</u>	<u>ZIP</u>	<u>Phone #</u>
1						
2						
3						
4						

**Authorization**

We certify that all the information on this form is correct, and that we fully understand your credit terms are Net 20 Days, and agree to proper payment in consideration of extended credit.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by OEC:					
Sales Rep #: _____	Route #: _____	Contracts: _____			
Investigated by: _____	Approved By: _____	Date: _____	Credit Limit: \$ _____		