

MICROCENTERS of Ga. Inc.

6505 Commerce Pkwy, Suite A
Woodstock, GA 30189
770-874-5706

Business Credit Application

Please fill-in and fax to 770-874-5707. You will be notified by email upon approval (normally within one week)

Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business:			Tax I.D. Number	
Business Address:				
City:	State:	ZIP:	Phone:	
Registered Owner Name:				
Registered Owner Home Address:				
City:	State:	ZIP:	Phone:	
Registered Owner EMAIL ADDRESS:				
Accts Payable EMAIL ADDRESS:				

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:		In Business Since:		
Name of Company Principal Responsible for Business Transactions:		Title:		
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:		Title:		
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:	
Checking Account #:	Savings Account #:	Home Equity Loan:	Loan Balance:
Address:	Address:	Address:	
Phone:	Phone:	Phone:	

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

AGREEMENT
<ol style="list-style-type: none">1. All invoices are to be paid 10 days from the date of the invoice.2. Claims arising from invoices must be made within seven working days.3. By submitting this application, you authorize Microcenters of Ga., Inc. to make inquiries into the banking and business/trade references that you have supplied.

I hereby certify that 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. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Printed name

Date

Title