



CREDIT APPLICATION MUST BE COMPLETED BEFORE TERMS WILL BE GRANTED

DATE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

TRADE NAME \_\_\_\_\_

FEDERAL EMPLOYER ID NUMBER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

YEAR BUSINESS STARTED \_\_\_\_\_ CREDIT DESIRED \_\_\_\_\_

ACCOUNTS PAYABLE \_\_\_\_\_

CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IF TAX EXEMPT, PLEASE PROVIDE CERTIFICATE

IF THE BUSINESS IS SOLE PROPRIETORSHIP, LIST THE OWNER, IF THE BUSINESS IS A PARTNERSHIP, LIST ALL OWNERS:  
(use separate sheet if necessary)

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

IF THE BUSINESS IS A CORPORATION, LIST THE INFORMATION BELOW:

CORPORATE NAME \_\_\_\_\_

CHARTER # \_\_\_\_\_

REGISTERED AGENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



WDL SYSTEMS, 220 CHATHAM BUSINESS DRIVE, PITTSBORO, NORTH CAROLINA, 27312  
1-800-548-2319 Fax: 919-545-2559

### CREDIT APPLICATION, continued

BANK NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

#### TRADE REFERENCES

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ FAX \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

Payment for all purchases is due 30 (thirty) days from date of invoice. (Length of terms may vary as determined by WDL Systems, LLC. Credit Department.)

Delinquent accounts are subject to a service charge of 2% per month from due date, plus all cost of collection, to include reasonable attorney's fees and court costs, whether suit is brought or not, including attorney's fees on appeal. The Applicant hereby waives their privilege of being sued in the County of their residence, and agrees that if suit is brought, the venue will be in Chatham County, North Carolina, at the option of WDL Systems, LLC.

The Applicant agrees to notify WDL Systems, LLC. by registered mail immediately upon any change in form of authorization to sign check, and agrees to continue liability for any purchases until such notice is duly received by WDL Systems, LLC.

BY SIGNATURE HERETO, APPLICANT AGREES TO ABOVE TERMS

\_\_\_\_\_  
DATE SIGNATURE TITLE

\_\_\_\_\_  
DATE SIGNATURE TITLE