

**SOUTHERN GF COMPANY**  
**COMMERCIAL DOORS-FRAMES-HARDWARE**

**APPLICATION FOR CREDIT**

(Please type or print.) Return to: P.O. Box 4116 Atlanta, Ga. 30302 or Fax to: 404-609-9622  
[www.southern-gf.com](http://www.southern-gf.com) Phone: 404-609-9300 1-800-282-6686

To expedite application processing, please provide all requested information

Circle One:      Corporation      Limited Partnership      Partnership      Proprietorship

Business Name: \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

Street Address or Business Location: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to Contact in Accounts Payable: \_\_\_\_\_ Email: \_\_\_\_\_

Date Business Began: \_\_\_\_\_ Line of Business: \_\_\_\_\_

Parent Company: (If Applicable) \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal Owners & Authorized Officers of Business: \_\_\_\_\_

Current Financial Statement:      Attached      Follow

**BANK REFERENCE**

Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**COMMERCIAL CREDIT REFERENCES (Please include supplier references only)**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Account#: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

CREDIT TERMS: Upon credit approval, applicant agrees to payment terms of NET 30 DAYS, Date of invoice (FOR MATERIAL AS SHIPPED). Any past due invoice is subject to a charge of 1 1/2% per month (18% annual rate), plus all costs of collection, including but not limited to attorney fees if collection becomes necessary. Invoices 15 days past due will result in orders being placed on hold pending account payment to a current basis. Southern GF Company may withdraw credit approval and close customers account at any time for failure to pay invoices when due. THE ABOVE INFORMATION is for the purpose of obtaining credit and is warranted to be true. I/we authorize Southern GF Company to make credit inquiries in connection with the credit applied for with credit reporting agencies, credit references listed and other sources deemed appropriate, pertaining to my/our credit and financial responsibility. **All customers are on a cash basis until their credit application is approved.**

I am authorized to sign this application on behalf of the applicant.

Signature of Authorizing Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**SGF Business Office Use Only**  
Date Received \_\_\_\_\_ Credit Checked By \_\_\_\_\_ Date Completed \_\_\_\_\_ Account Number \_\_\_\_\_ Sales \_\_\_\_\_