



6600 Allied Way  
Little Rock, AR 72209

501 565 5288  
800 482 1283  
Fax 501 565 5289

**CREDIT APPLICATION**  
**(\*Required Fields)**

Sales Rep \_\_\_\_\_

\*Company Name: \_\_\_\_\_ \*DBA: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

\*County \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Shipping Address: \_\_\_\_\_

\*County \_\_\_\_\_ \*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

How Long In Business: \_\_\_\_\_ \*E-mail: \_\_\_\_\_

\*Owner: \_\_\_\_\_ \*SS#: \_\_\_\_\_

\*Home Address: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_ \* Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ \* Sales Tax ID#: \_\_\_\_\_ (Required for tax exemption)

\*Manager/Contact: \_\_\_\_\_ PO# Required? Yes No

Special instructions: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

All charges are due **THIRTY DAYS** from invoice date and are due and payable to FabriClean Supply of Atlanta, LP 5330 Dividend Drive Decatur GA 30035. The undersigned personally hereby unconditionally agrees to pay FabriClean Supply of Atlanta, LP (the Company) the prompt and complete payment when due of any and all unpaid amounts owing at any time to the above company. The creditor may proceed directly against the undersigned without having exhausted remedies against the above named firm. The undersigned agrees to pay reasonable attorney's fees and any and all other costs and expenses incurred in collecting past due amounts. Customer is subject to a service charge of 1.5% per month on all past due accounts and a 15% restocking fee on all goods returned when an order is filled correctly and merchandise is accepted for return. Supplies and equipment purchased are guaranteed only to the extent they are guaranteed by the manufacturer. All claims are null and void unless reported in writing within ten days of receipt. Buyer shall, at its cost and expense, defend, indemnify, and hold the Companies harmless from and against any claims by any other party arising out of or in connection with the products or their use, installation, or maintenance, or otherwise arising out of the Company's performance of this agreement.

**\*Owner \_\_\_\_\_ \*Print Name \_\_\_\_\_ \*Date \_\_\_\_\_**

Applicant's signature above signifies full and unconditional acceptance of all the terms and conditions of terms as stated above. Applicant declares all information submitted to be true and correct to the best of their knowledge and authorizes the Company to verify applicant's employment and credit history and to answer any inquiries concerning applicant's credit history with the Company.

Please attach your Tax Exemption Resale Certificate.

*FabriClean Affiliates:* Texas

Dallas  
800 442 7021

Amarillo  
800 648 9665

Houston  
800 233 4240

Buda (Austin)  
888 301 4555

Oklahoma

Oklahoma City  
800 654 4117

Kansas

Kansas City  
800 832 0096

Arkansas

Little Rock  
800 482 1283

Louisiana

Baton Rouge  
800 738 7380