

PO BOX 1726  
Decatur, AL 35602

**Credit Application**

Trade Name \_\_\_\_\_ Phone #1 ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_  
 Legal Name \_\_\_\_\_ Phone #2 ( ) \_\_\_\_\_ Cel| # ( ) \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 A/P Email Address \_\_\_\_\_ Website \_\_\_\_\_ County \_\_\_\_\_

How would you prefer to receive monthly statements? Email (with invoice images) Standard Mail (without images)

Business Type: Corporation LLC Partnership Sole Owner

Principal Name, Home Address, Home Phone Number, Social Security Number, and % of Ownership:

Name of Parent/Holding Co/Subsidiaries/Affiliates/Franchises: \_\_\_\_\_

**Have the Company or any Owners Filed Bankruptcy in Last 7 Years?** Yes No

PO Required: Yes No Number of Employees \_\_\_\_\_ Premises: Owned Leased

Date Business Started \_\_\_\_\_ Date Business Purchased From Previous Owner \_\_\_\_\_

Name of Person to Contact With Any Questions: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

If Tax Exempt, List Sales Tax # \_\_\_\_\_ Federal ID# \_\_\_\_\_

**PLEASE ATTACH ALL EXEMPTION FORMS FOR APPLICABLE STATES** Bank Reference Name

Bank Reference Name	Bank Officer	Account #	Phone
_____	_____	_____	( ) _____
Trade Reference Name	Contact Person	Account #	Phone
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____
_____	_____	_____	( ) _____

Expected Monthly Credit Requirements from Corporate Billing \$ \_\_\_\_\_

**Agreement:** In consideration of the merchandise and services provided and by submitting this application (through electronic or any other means), the applicant agrees (i) to pay for all charges upon receipt of an invoice which has been assigned to Corporate Billing A Division of SouthState Bank N.A. which such invoice, when rendered, is incorporated herein by reference and (ii) not to assert any claims or defenses against any invoice purchased by or assigned to Corporate Billing A Division of SouthState Bank N.A. including any setoff rights. In the event an unpaid account is placed for collection, the applicant agrees to pay a reasonable attorney's fee, costs of court and any other reasonable cost of collection. This application and the information contained herein is a request for the extension of credit for commercial business use only and the applicant certifies that the firm he/she represents is doing business as a sole-proprietorship, partnership, or a corporation. The applicant authorizes Corporate Billing A Division of SouthState Bank N.A. to obtain oral or written credit reports from any credit reporting agency, bank or commercial supplier with whom it is doing business or has done any type business to give any and all necessary information to Corporate Billing A Division of SouthState Bank N.A., which will assist them in the credit investigation. The applicant further authorizes the reinvestigation of credit from time to time as it is deemed necessary. To extend credit a Financial Statement may be requested. The applicant understands that Corporate Billing A Division of SouthState Bank N.A. may refuse to purchase charges at any time without notice to the applicant. This agreement shall be governed by and interpreted under the law of the state of Alabama and the applicant submits to the jurisdiction of, and waives any objection to the venue of any Alabama state or Federal Court setting in Morgan County Alabama with respect to any disputes under this agreement.

By: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ **Personal Guaranty**

Bysubmitting this application (through electronic or any other means) the personal guarantor, recognizing that his or her individual credit history may be anecessaryfactor inthe evaluation of this personal guarantee, hereby consents toand authorizes the use of a consumer credit report onthe undersigned, by Corporate Billing A Division of SouthState Bank N.A., fromtime totime as may beneeded, inthe credit evaluation process. The guarantor individually, jointly and severallyand unconditionally guarantee the payment when due of all invoices/accounts purchased by Corporate Billing A Division of SouthState Bank N.A.fromany Client.

By: \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone# \_\_\_\_\_ "