



P.O. BOX 40379
 MOBILE, AL 36640
 PHONE: 251.432.2936
 FAX: 251.432.7759 / 800.426.3329

Print, Sign, and Return Via Fax To One Of The Fax Numbers Above

CREDIT APPLICATION			
INDIVIDUAL OR COMPANY NAME			DATE
STREET ADDRESS, CITY, STATE & ZIP CODE			
PHONE NO.	FAX NO.	EMAIL ADDRESS	
PRINCIPAL OWNERS			DATE ESTABLISHED
FEDERAL I.D. NUMBER		TAX RESALE NUMBER	
IF COMPANY, TYPE OF OWNERSHIP: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual			

Application for credit is hereby made and the following references given. It is understood this information will be held in strict confidence and used only by our Credit Department. TERMS: All invoices are due and payable thirty (30) days from the invoice date.

BANKS (Checking Account)	BANKS (Savings Account)
NAME	NAME
ADDRESS	ADDRESS
PHONE NO.	PHONE NO.

BUSINESS REFERENCES WHERE CREDIT NOW EXTENDED			
NAME		NAME	
ADDRESS		ADDRESS	
PHONE NUMBER	FAX NUMBER	PHONE NUMBER	FAX NUMBER
E-MAIL ADDRESS		E-MAIL ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
PHONE NUMBER	FAX NUMBER	PHONE NUMBER	FAX NUMBER
E-MAIL ADDRESS		E-MAIL ADDRESS	

We understand your terms and agree to abide by them.

By signing below I certify that the information in this application is true and complete. The undersigned also agrees that SEF, Inc., may obtain credit history information relating to the individual or company making application for credit. It is understood that this information will be used to determine whether credit is extended to the undersigned.

PRINT NAME: _____ SIGNATURE: _____

TITLE: _____ DATE: _____
(For Non-Individual Applicants Only)

FOR CREDIT DEPARTMENT USE ONLY	
<input type="checkbox"/> CREDIT APPROVED	MAXIMUM AMOUNT:
<input type="checkbox"/> CREDIT REFUSED	REASON:
Signed: _____	Date: _____