

SOUTH MISSISSIPPI BUSINESS MACHINES

1915 25TH AVENUE, P.O. BOX 697
PHONE: 228-864-4845

GULFPORT, MS 39502
FAX: 228-868-9546

CREDIT APPLICATION

Customer's Name _____ Phone _____
DBA _____ Fax _____
Street Address _____
Mailing Address _____

Type of Business _____ Years in Business _____
Insurance Agent _____

Sole Proprietor _____ LLC _____ Corp _____ State of Incorporation _____

Federal Tax ID# _____ State Tax Exempt # (if applicable) _____

Please attach a copy of exemption certificate from the State of Mississippi, or a copy of the "Direct Pay Permit" if exempt from sales tax.

Owner/Guarantor

Name _____ Phone _____
Home Address _____
Social Security # _____ Date of Birth _____

Bank Reference

Name of Bank _____ Account # _____
Address _____
Contact Person _____ Phone # _____

Trade References

Supplier Name _____ Account # _____
Contact Person _____ Phone # _____

Supplier Name _____ Account # _____
Contact Person _____ Phone # _____

Supplier Name _____ Account # _____
Contact Person _____ Phone # _____

I hereby authorize South Mississippi Business Machines or any credit bureau or other investigative agency employed by the company to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility. I understand that by signing this application I am personally guaranteeing payment of all charges on this account.

Signature _____ Title _____

Printed Name _____ Date _____