



Madison Office:
193 Production Ave
Madison, AL 35758

Birmingham Office:
3637 3rd, Avenue S.
Birmingham, AL. 35222
205-297-0173

Mobile Office:
3422 Georgia Pacific Ave.
Mobile, AL. 36617
251-476-3322

"Serving You Since 1947"

Firm Name or Individual Name: Phone:

Street Address: Mailing Address:

City: State: Zip: Date:

Fax: eMail Address for Accounts Payable:

Please Check One: Individual Partnership Corporation: * Date Business Started

Social Security Number of Individual or Partnership I.D. Number

Full Name of Owners (or Officers of Corp.)

(List Home Address for Individual or Partnership)

Name: Address: Phone:

City/State: Zip: SSN:

Name: Address: Phone:

City/State: Zip: SSN:

Name: Address: Phone:

City/State: Zip: SSN:

State Tax Registration Numbers if Applicable: (Please Submit Form)

Estimated Monthly Credit Requirements: \$

Purchase Orders Required? Yes No

Please List Special Charge Account Instructions on the Back of This Application.

Trade References

Firm Name: Phone:

City/State/Zip: Date Opened:

Firm Name: Phone:

City/State/Zip: Date Opened:

Firm Name: Phone:

City/State/Zip: Date Opened:

Bank References

Name: Address: Phone:

City/State/Zip: Officer or Contact:

Name: Address: Phone:

City/State/Zip: Officer or Contact:

I attest that all of the above is true to the best of my knowledge:

(Firm Name)

By:

(Signature Required)

Individual Guaranty

The above information is furnished for the purpose of obtaining commercial credit, and is true and correct as stated. It is agreed that all invoices will be paid in accordance with your stated terms of net 10th Prox. On all invoices that are not paid within our terms, a service charge will be assessed at a rate of 1-1/2% per month (18% per annum) on all past due balances. I hereby understand and agree that, should it become necessary to place this account for collection that I hereby agree to obligate my company and myself personally to pay the entire amount due, including service charges, interest from due date, and/or attorney fees, and all cost of collection, including court costs.

Firm Name: Date:

By: Title:

(Signature Required)

I hereby grant permission to Dale, Inc. to obtain an individual credit report on me/us.

(Signature Required)

(Signature Required)