

PHONE: 828-966-4270

FAX: 828-862-4308

CREDIT APPLICATION

Print or Type Type of Ownership Corporation Partnership Individual
 Date _____

Individual or Company Name **REQUIRED**

Street, City, State and Zip (*PHYSICAL ADDRESS*) **REQUIRED**

Street, City, State and Zip (*MAILING ADDRESS IF DIFFERENT*) **REQUIRED**

Two phone #'s office & cell or home **REQUIRED**

Social Security Number AND Federal ID# **REQUIRED**

Email Address

Number of years at present location? _____ Number of years in business, Date established _____

Have you or any of your affiliates ever had or applied for credit with us before? If yes under what name _____

Type of Products you wish to purchase _____

Amount of credit requested **REQUIRED** \$ _____ Are written Purchase Orders Required YES NO
REQUIRED

Application for credit is hereby requested and the following information submitted. It is understood that this information will be held in the strictest confidence and word only.

Bank Information REQUIRED	
Name	
Address	
Contact	
Phone No.	Fax No.

Officer Information Required Of Corporations REQUIRED
Name
Title
Residential Physical Address
Social Security Number and Driver's License Number REQUIRED

Credit References You Must Supply *PHONE* and *FAX NUMBERS* for Each Credit Reference **REQUIRED**

Name Phone Fax

Name Phone Fax

Name Phone Fax

Name

Phone

Fax

THE MCNEELY COMPANIES

MCNEELY TRUCKING • TOXAWAY CONCRETE • LBM INDUSTRIES • MCNEELY'S STORE • NANTAHALA TALC AND LIMESTONE

****REQUIRED****

In making this application for credit also understand that an investigative consumer report may be made whereby information is obtained through Equifax or personal interviews with businesses, neighbors, friends, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report. We reserve the right to obtain credit report upon delinquency or default of your account.

_____ Company Name _____ Date

_____ Signature of Individual/Officer(s)

_____ Title

I/We understand your terms and agree to abide by them. All payments are due by the 15th of each month. Any payment received after the due date is considered late and finance charges will incur at a rate of 1½% per month (18% per year) on all past due balances. If your account ever is in default, legal action may be taken against you. Use of an attorney or other collection company may be used if account is defaulted. You will be responsible for any fees incurred in the collection of defaulted account.

_____ Company Name _____ Date

_____ Signature of Individual/Officer(s)

_____ Title

Furthermore, the undersigned Guarantor, for and in consideration of the extension of credit to the above named Purchaser, does hereby personally guarantee prompt payment of any obligation to the Vendors listed above, whether now existing or hereinafter incurred. It is understood that this Guaranty shall be an absolute, continuing and irrevocable guaranty for such indebtedness. In the event the guaranteed indebtedness is not paid by the undersigned Guarantor when due, and this Guaranty is placed in the hands of an attorney for collection, the undersigned Guarantor agrees to pay all reasonable attorney's fees and court costs incurred. In the event more than one Guarantor executes this Guaranty, each Guarantor agrees to be jointly and severally liable for the entire guaranteed indebtedness. This Guaranty shall be governed by the laws of the State of North Carolina and the undersigned Guarantor hereby consents to jurisdiction in the General Court of Justice, State of North Carolina, in the whichever County jurisdiction belongs.

This the ____ day of _____, 20__.

****If application is INDIVIDUAL OR PARTNERSHIP we require signature(s) of spouse(s). REQUIRED**

_____ Print or Type Name of Guarantor*

_____ Signature(s)

_____ Print or Type Name of Guarantor*

_____ Signature(s)

*** A copy of guarantors' driver's license must be included with this application for credit.**

*** Applications will not be considered without all REQUIRED information.**

LIST OF NAMES OF AUTHORIZED BUYERS

****REQUIRED****

Only those on this list will be allowed to order or purchase any products.

Any changes to this list will need to be made in writing through the main office in Sapphire NC.

Please fax changes to 828-862-4308

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)
- 10)

JOB FOREMAN CONTACT INFORMATION

In order to better serve our customers we need information for contact on the job. Please provide the following.

Name of Foreman _____

Cell Phone# _____ Email _____

MCNEELY COMPANIES

****REQUIRED****

Job Site Information Sheet

Please fill out completely for each job.

JOB NAME

DATE

1. Name and address of **owner of the property** involved

2. **General Contractor's** name and address

3. Name and address of **Sub-Contractor**

4. **General description of real property** where labor performed and materials delivered
