P.O. Box 40 Sapphire, NC 28774 Phone 828-966-4270 Fax 877-486-5603
McNeelyCompanies.com

Thank you for your interest in opening a credit account with **McNeely's**. We are excited about the opportunity to partner with you and support your business needs.

To process your application promptly, please ensure you complete all sections of the enclosed form and include the following required documentation:

- **Social Security Number (SSN):** Required on the application form for processing.
- **Driver's License Copy:** A clear photocopy or digital scan of the primary applicant/guarantor's valid driver's license.
- **Signed Personal Guarantee:** A signature on the Personal Guarantee section of the application.
- **Signed Terms Agreements:** A signature is required on pages 2 and 5

Please return the completed application and supporting documents to **swhitmire@mcneelyco.com**. Applications submitted without the required signatures or the required attachments will not be processed.

We appreciate your cooperation and look forward to establishing a successful working relationship. If you have any questions regarding the application process, please reach out to us directly at 828.966.4270.

THE MCNEELY COMPANIES

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

P.O. Box 40, Sapphire, N.C. 28774

PHONE: 828-966-4270 SWHITMIRE@MCNEELYCO.COM FAX: 877-486-5603

CREDIT APPLICATION

Print or Type Type of Ownership __Corporation __Partnership __Individual

Date_____

_____

Individual or Company Name

_____

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

_____

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

_____ _____

Two phone #'s office & cell or home Social Security Number **AND** Federal ID*

_____ _____

Email Address – Company Contact **Email Address – Accounts Payable**

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 $_____**Are written Purchase Orders Required ____YES ____NO**

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

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

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

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

CREDIT REFERENCES - You must supply *PHONE* and *FAX or EMAIL* for each reference

Name	Phone	Fax or Email
Name	Phone	Fax or Email
Name	Phone	Fax or Email
Name	Phone	Fax or Email

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.

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. You will be responsible for any fees incurred in the collection of defaulted account.

_____ Company Name_ _____ Date*

_____ Signature of Officer or Owner*

_____ 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 Guarantee 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 of spouse**

_____ _____

PRINT OR TYPE NAME OF GUARANTOR* **PRINT OR TYPE NAME OF GUARANTOR***

_____ _____

SIGNATURE* **SIGNATURE***

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

*** Required**

REQUIRED*

AUTHORIZED PURCHASERS

Only those named on this list will be allowed to order or purchase products on this account.
Any changes to this list will need to be made in writing through the main office in Sapphire NC.
Please email changes to swhitmire@mcneelyco.com

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_____

****REQUIRED****

Job Site Information Sheet

Please fill out completely for each job.

JOB NAME_____ **LIEN NC ENTRY#**_____

1. Name and address of **owner of the property** involved, as listed by the county

   _____

   _____

   _____

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

   _____

   _____

   _____

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

   _____

   _____

4. **Physical Address of real property, INCLUDING PIN,** of jobsite

   _____

   _____

   _____

PAYMENT INSTRUCTIONS

All payments are due on the 15th of the following month.

A late fee of 1.5% is placed on balances that are past due and is non-negotiable without prior authorization.

If paying by check please mail to (allow 10 days for USPS)

PO Box 40
Sapphire NC 28774

We accept cash and cards at all locations
If paying by credit card a 3% fee will be added

ONLINE PAYMENT

Payments may be made online at McNeelycompanies.com
Select the “Make a Payment” tab at the top

There is no fee for ACH or Debit card payments.
Credit card payments will incur a 3% fee.

I have read and understand the terms stated above

Signature _____Date_____
Signature _____Date_____