

# Credit Application

**Atlantic Coast Cotton, Inc.**  
 1-800-262-5660 • 703-753-7000  
 FAX: 1-866-481-5385 or 703-754-6932  
 www.accinfo.com • mail@accinfo.com



**OFFICE USE ONLY**

Terms	Date
Limit	Initials
C/F	F/S YR
TEAM #	

Account Number \_\_\_\_\_

NET TERMS APPLICATION

CHECK USE APPLICATION

Amount of Credit Requested: \_\_\_\_\_

Company Name: \_\_\_\_\_ D.B.A. \_\_\_\_\_ Date: \_\_\_\_\_

**ADDRESS INFORMATION**

Company's Billing Address

Company's Shipping Address (No P.O. Boxes)

Number \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ How Long \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ How Long \_\_\_\_\_

D&B # \_\_\_\_\_ ASI # \_\_\_\_\_ Type of Business \_\_\_\_\_

Contact for Payment: \_\_\_\_\_ Date Business Started: \_\_\_\_\_ Tax Id #: \_\_\_\_\_

Special Instructions: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

Business Type: Corporation Partnership Sole Proprietor Limited Partnership

Name and Address of Registered Agent: \_\_\_\_\_

P.O. Required? Y N Sales Tax Exempt? [Virginia only] Y N (If yes, attach signed certificate)

**BANK INFORMATION**

Bank: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

**OFFICERS, OWNERS OR PARTNERS** (Must fill out or application will be returned)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**INDUSTRY CREDIT REFERENCES** (Three, preferably, t-shirt wholesaler references)

- Name \_\_\_\_\_ City and State \_\_\_\_\_ Account Number \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Avg. Mo. Purchase \_\_\_\_\_ Terms \_\_\_\_\_
- Name \_\_\_\_\_ City and State \_\_\_\_\_ Account Number \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Avg. Mo. Purchase \_\_\_\_\_ Terms \_\_\_\_\_
- Name \_\_\_\_\_ City and State \_\_\_\_\_ Account Number \_\_\_\_\_  
 Telephone Number \_\_\_\_\_ Avg. Mo. Purchase \_\_\_\_\_ Terms \_\_\_\_\_

**Please Attach your most recent Financial Statement**

Atlantic Coast Cotton, Inc. ("ACC"), purchaser(s) and guarantors agree that the purchase limit on the account as initially approved by ACC may be changed by ACC without any requirement of notice to purchaser(s) or guarantors, and purchaser(s) and guarantors agree to pay all sums due on this account subsequent to any change or increase in the purchase limit on said account.

Purchases and/or deliveries are hereby authorized to be made without signature. Anyone is authorized to make purchases on this account, without limitation, unless ACC is notified in writing that only specified individuals are authorized to purchases on this account.

Purchase of material will indicate the acceptance on ACC's payment terms. Unless otherwise notified by ACC, the payment terms are Net 30 days from invoice date and payment in full is expected within that time. On any account which is past due or in default, a late charge or late payment charge will be assessed at the periodic rate of **1.5% per month (for an annual rate of 18%) on the unpaid balance.**

In the event this account is placed in the hands of an attorney or collection agency for collection or suit, the purchaser(s) and guarantors agree and promise to pay attorneys fees of 33% of the balance then due and owing or the actual attorneys fees if in excess of such amount with all disputes to be settled in Prince William County, Virginia.

The undersigned purchaser/applicant hereby applies to ACC to establish an account for the purpose of purchasing materials, supplies and goods from ACC. The purchaser/applicant hereby agrees to pay for any and all purchases and charges made on this account in accordance with the terms of this agreement. The undersigned individual, if signing the application as an agent or representative of an entity, states that they have the authority to apply for this account.

Signed and Sealed: Print Name \_\_\_\_\_

\_\_\_\_\_  
Date Sign Name and Title Date Sign Name and Title

Witness: \_\_\_\_\_

**Applicant Information**

Have you ever filed bankruptcy or received a Discharge in Bankruptcy? Yes No

Have you ever been through bankruptcy or made any compromise settlement with creditors? Yes No

Are you contingently liable on any loans or notes? (As guarantor, endorser, co-maker) Yes No

If yes give name \_\_\_\_\_ Amount \_\_\_\_\_

If your response to any of the above questions is yes, please provide a detailed explanation on a separate sheet and attach it to this application.

**OWNERS/PARTNERS MUST SIGN APPLICATION AND GUARANTY**

**Personal Guaranty**

I/We, the undersigned, jointly and severally in consideration of ACC establishing an account to the above-referenced purchaser(s), do absolutely, unconditionally and irrevocably guarantee the payment of all sums owing under the terms of this account to ACC, its successors or assigns. I/We hereby waive any notice of default, demand, protest, notice of protest, homestead exemptions, and any claims of set off or recoupment, and further agree that the terms of this account may be amended in any manner without my/our consent and without any notice.

In the event this account is placed in the hands of an attorney or collection agency for collection or suit, the purchaser(s) and guarantors agree and promise to pay attorneys fees of 33% of the balance then due and owing or the actual attorneys fees if in excess of such amount with all disputes to be settled in Prince William County, Virginia.

Signed and Sealed: Guarantor(s) Print Name \_\_\_\_\_

\_\_\_\_\_  
Date Sign Name (no title) Date Sign Name (no title)

Witness: \_\_\_\_\_

Residential Address \_\_\_\_\_

Residential Address \_\_\_\_\_

Soc.Sec.No. \_\_\_\_\_ D.O.B. \_\_\_\_\_ Soc.Sec.No. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Residential Phone \_\_\_\_\_ Residential Phone \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**