



Lawndale, NC

McNeillys Inc
P O Box 720
Fallston, NC 28042
704-538-3226

PLEASE COMPLETE AND SIGN
FAX TO 704-538-7373

COMPANY NAME: _____

ADDRESS: _____ PO BOX: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ FAX: _____

(CHECK ONE) CORPORATION __ PARTNERSHIP __ SOLE PROPRIETORSHIP __

NAME OF PRESIDENT, PARTNERS OR OFFICERS _____ TITLE _____

NATURE OF BUSINESS _____ YEAR ESTABLISHED _____

FEDERAL ID# _____ SALES TAX EXEMPT _____ DUNS# _____

REFERENCES:

BANK
NAME _____ PHONE: _____
ADDRESS: _____ PO BOX: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____
BANK OFFICER CONTACT: _____

SUPPLIERS:

NAME _____ PHONE: _____
ADDRESS: _____ PO BOX: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____

NAME _____ PHONE: _____
ADDRESS: _____ PO BOX: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____

NAME _____ PHONE: _____
ADDRESS: _____ PO BOX: _____ FAX: _____
CITY: _____ STATE: _____ ZIP: _____

I hereby apply to MCNEILLY FURNITURE for a credit account. I warrant that the information shown hereon is true and that information given is for the purpose of obtaining goods on credit.

IF YOUR PAYMENT TERMS ARE NET 30 AND AN INVOICE HAS NOT BEEN PAID WITHIN 30 DAYS A 1 1/2 % SERVICE CHARGE WILL BE APPLIED TO YOUR ACCOUNT. IF WE FIND IT NECESSARY TO USE A COLLECTION AGENCY, YOU WILL BE LIABLE FOR ALL COLLECTION FEES. BY SIGNING THIS FORM, YOU ARE GIVING US YOUR PERSONAL GUARANTEE FOR PAYMENT.

SIGNATURE _____ TITLE _____ DATE _____