

# McGarity's

## Business Products

### APPLICATION FOR CREDIT

Name of Firm or Individual \_\_\_\_\_

Mailing Address _____	Delivery Address _____
City _____	City _____
State/Zip _____	State/Zip _____
Telephone( ) _____	Facsimile( ) _____
Years at this address _____	County _____

Type of Business (circle one):      Corporation\*   Partnership   Individual      \*Years Incorporated \_\_\_\_\_

Ownership:	name of principal(s)	address	telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Accounts Payable Contact: \_\_\_\_\_ Telephone( ) \_\_\_\_\_  
 Accounts Payable email address for electronic invoicing: \_\_\_\_\_  
 Purchasing \_\_\_\_\_ email: \_\_\_\_\_

Product(s) you expect to purchase from McGarity's: \_\_\_\_\_

Anticipated monthly volume \_\_\_\_\_ Will these purchases be tax exempt? \_\_\_\_\_  
\*If yes, please include a copy of exemption certificate.

Trade References:	name	address	telephone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Bank Reference:	Bank _____	Address _____	
	Officer _____	Telephone _____	

**Credit Terms:**

Terms for payment of furniture orders are "50 % Deposit, Balance Due Upon Receipt of Invoice". All other invoices are due thirty (30) days from invoice date. We do, however, send monthly statements, and if you choose to pay by statement, payment terms are net ten (10) days on the entire balance.

**Return Policy:**

Supply returns honored up to thirty (30) days in original carton (cannot be written on). Only applies to cataloged items in the original carton.

*We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

\*Please mail your application to 870 Grove Street SW, Gainesville, GA 30501 or fax to (770)534-7316