



**Pallet Central Enterprises Inc.**  
*Your Nationwide Pallet Network*

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## New Customer Credit Application

(Please complete all sections)

### Name/Address

Name of Business:			Date:		
Bill To Address:			Sales Tax Exemption #:		
City:	State:	ZIP:	Phone:	Fax:	
If Division/Subsidiary, Name of Parent Company:					
Legal Form Under Which Business Operates:    Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>					

### Company Information

Ship To:	Phone:	Fax:			
Address:	City:	State:	ZIP		
Purchasing Contact:	Phone:	Fax:			
Accounts Payable Contact:	Phone:	Fax:			
<b>Special Billing Instructions:</b>					

### Bank References

Institution Name:
Account #:
Address:
Phone:

### Trade References

Company Name:
Contact Name:
Address:
Phone:
Fax:

### Trade References

Company Name:
Contact Name:
Address:
Phone:
Fax:

### Trade References

Company Name:
Contact Name:
Address:
Phone:
Fax:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied in order to verify the information contained herein.

**TERM OF SALE:** Entire payment is due per the terms of sale stated on the invoice, unless otherwise stated in writing. Anything exceeding the Term Of Sale by 30 days or more, is subject to a 5% penalty.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date