



# APPLICATION FOR CREDIT

Remit to: PO Box 601855  
Charlotte NC 28260-1855  
828.254.8302  
FAX 828.251.9401  
[www.crossco.com](http://www.crossco.com)  
<mailto:info@crossco.com>

### Billing Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City ST Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
AP Contact \_\_\_\_\_  
AP eMail \_\_\_\_\_  
Business Started: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Dun & Bradstreet # \_\_\_\_\_

### Shipping Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City ST Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Parent Company: \_\_\_\_\_  
 Corporation     Partnership     Proprietorship  
Principal: \_\_\_\_\_

**Please Attach Most Recent Financials**

### References

*Attaching a page of credit references is acceptable; however, an authorized signature on our credit agreement is required.*

Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Name: \_\_\_\_\_  
Account #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

**All invoices are EMAILED or FAXED and are due Net 30 days from date of invoice.**

eMail Address & Fax Number for Invoices:  
\_\_\_\_\_

Name of Officer, printed or typed:  
\_\_\_\_\_

Signature of Officer/Partner/Owner:  
\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\*\* Please include appropriate tax exemption certificate if applicable \*\*



## CREDIT AGREEMENT

*Please Read Carefully*

Remit to: PO Box 601855  
Charlotte NC 28260-1855  
704.523.2222  
FAX 704.523.6500  
[www.crossco.com](http://www.crossco.com)  
<mailto:info@crossco.com>

The following, \_\_\_\_\_, (Person, Corporation, or Firm) agrees to the following CREDIT AGREEMENT according to the laws of North Carolina. All applications approved for credit are governed by the following:

1. No shipment will be made to any account, on an open basis, that will cause an account to exceed the established line of credit.
2. A past due amount reflected on the statement means that further shipments will be COD basis until the account is re-opened. This is applicable even if the account is within the confines of the credit limit. If an account is 30+ days past due, a % will be charged at the maximum amount according to the laws of North Carolina and applied to the past due amount (\$10.00 minimum per order). If an account reaches 60+ days past due orders are subject to hold until the account is current.
3. Freight charges are FOB from the factory.
4. A \$20.00 handling charge is assessed to checks returned marked NSF.
5. That the foregoing statements and accompanying financial statements are correct and were provided to induce Cross Company to extend open credit to the person, firm, or corporation applying.
6. That payments will be made in accordance with the terms so stated on each invoice.
7. That in the event of non payment and the institution of legal proceedings, the person, firm, or corporation to whom open account was extended agrees to bear the expense of all legal proceedings plus a reasonable attorney's fee.
8. That advance notice will be given to Cross Company of any change in the business structure, in other words, incorporation, changed ownership, etc. That without such notice the original principals to whom credit was extended shall remain liable. Notice is to be given by certified or registered letter and acknowledged by return receipt.
9. Credit policies are subject to change at the discretion of the credit department. Upon acceptance of this application, and the issuance of an open line of credit, THE APPLICANT agrees to abide by the credit policies of Cross Company.
10. That permission is granted as evidenced by my (our) signature(s) below, for Cross Company or its agents to contact the references listed heron, or any other source for the purpose of obtaining credit information. That the creditor, bank, or lending institution contacted has my (our) permission to furnish Cross Company with any and all information requested.
11. All claims for which we may be responsible must be made within 30 days from the date material is received. Do not return goods without authorization to return
12. If immediate shipment is needed before credit can be approved, payment for an order can be made by:

**please indicate**

Credit Card Charged: American Express  VISA  MasterCard

Card Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Card Holder \_\_\_\_\_

Signature \_\_\_\_\_

Company Name \_\_\_\_\_

Signature of officer, partner or owner \_\_\_\_\_

Name of officer, printed or typed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_