



FEDERAL STAMP & SEAL MFG. CO., INC  
 2210 MARIETTA BLVD • ATLANTA, GA 30318  
 P.O. BOX 20197 • ATLANTA, GA, 30325  
 (404) 525-6103 • (800) 333-7726  
 LOCAL FAX (404) 525-3320 • FAX WATTS (800) 777-3388

INTERNAL USE ONLY
ACCT. NUMBER _____
ACCT. TYPE _____

## Business Credit Application

**All of the following fields, including Credit Card information, must be filled out for your application to be processed. Incomplete information will result in your application being returned.**

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax # \_\_\_\_\_ Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*Georgia Businesses only; please list County \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Sales Tax ID Number: \_\_\_\_\_

**Name on Credit Card:** \_\_\_\_\_ **Card #** \_\_\_\_\_

**Card Type:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ **Card Security Code:** \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

TYPE OF OWNERSHIP: Proprietor: \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation/Type \_\_\_\_\_

OWNERS AND OFFICERS:

Name _____	Title _____
_____	_____
_____	_____

What year was business established? \_\_\_\_\_ At present location since \_\_\_\_\_

AUTHORIZED BUYERS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### CREDIT INFORMATION

<p>REFERENCE # 1</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone _____</p>	<p>REFERENCE # 2</p> <p>Name _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____ Phone _____</p>
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**AGREEMENT:**

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 for in order to verify the information contained herein. I agree to payment within published terms if granted an open account. Should this account become delinquent and it becomes necessary to employ an attorney to collect or commence suit to enforce payment, I agree to pay a reasonable additional sum as attorney fees and cost of such suit. Principal and interest payable in lawful money of the United States.

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_