



PORT CITY INDUSTRIAL & MARINE SUPPLY, INC.

1250 W. Bay Street
Savannah, Ga. 31402
FAX (912) 232-6118

P. O. Box 1407
(912) 232-0722

www.portcityindustrial.com

OPEN ACCOUNT CREDIT APPLICATION

Please print, complete, scan and email this application to sales@portcityind.com.

APPLICANT: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX #: _____

TYPE OF ORGANIZATION: INDIVIDUAL () PARTNERSHIP () CORPORATION () LLC ()

PRINCIPALS (PARTNERSHIP OR CORPORATION): _____

PERSON TO CONTACT FOR PAYMENT: _____

E-MAIL ADDRESS: _____

IS PURCHASE ORDER REQUIRED?: _____ ARE YOU TAX EXEMPT?: _____

TAX NUMBER: _____

PRINCIPAL BANK: _____

STREET ADDRESS OR P.O. BOX: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

PAYMENTS WILL BE MADE IN ACCORDANCE WITH PORT CITY INDUSTRIAL'S TERMS AND CONDITIONS OF SALE-**NET 30**. IN ADDITION AN AMOUNT EQUAL TO **25%** OF ANY DELINGUENT INDEBTEDNESS DUE FOR A COLLECTION CHARGE, IF WE EMPLOYEE A COLLECTION AGENCY OR ATTORNEY TO EFFECT COLLECTION.

AUTHORIZED SIGNATURE: _____

JOB TITLE: _____ DATE: _____

REFERENCES

COMPANY NAME: _____

YOUR ACCOUNT NUMBER WITH THE ABOVE COMPANY: _____

ADDRESS: _____

PHONE #: _____ FAX#: _____

E-MAIL ADDRESS (if available): _____

COMPANY NAME: _____

YOUR ACCOUNT NUMBER WITH THE ABOVE COMPANY: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

E-MAIL ADDRESS (if available): _____

COMPANY NAME: _____

YOUR ACCOUNT NUMBER WITH THE ABOVE COMPANY: _____

ADDRESS: _____

PHONE # _____ FAX #: _____

E-MAIL ADDRESS (if available): _____