



# Application for Credit

**PLEASE RETURN TO:** The Left Side, Attention: Credit Dept.  
 1354 Heathbrook Circle Asheville, NC 28803  
 P: 828-681-1728 F: 828-681-1729  
**FOR NET 30 DAYS** www.TheLeftSide.com

*Do not write in this space:*  
 Ref. cked by: \_\_\_\_\_  
 Ref. results: \_\_\_\_\_  
 Credit approved by: \_\_\_\_\_  
 Credit refused by: \_\_\_\_\_

Name of Firm or Individual Applying for Credit _____		Years at this address _____
Address _____		Area Code/Phone _____
City, State, and Zip Code _____	E-mail _____	Area Code/Fax _____
Accounts Payable Contact _____	Area Code/Phone if different from above _____	
Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Dun & Bradstreet # _____ Rating _____		
Ohio Customers: Tax Exempts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a copy of your Blanket Certificate of Exemption must be submitted		

**OWNERSHIP:**  
 Corporation  Check here if incorporated within the past 12 months  Partnership  Individual

1.	Name(s) of Principals _____	Complete Address _____	Zip _____	Area Code/Phone _____
2.	_____	_____	_____	_____

**FINANCE:**

Bank Name and Complete Address _____	Zip _____	Area Code/Phone _____	Checking Acct. # _____
Contact _____	Area Code/Phone if different than above _____		

**REFERENCES:**

1.	Business Name _____	Complete Address _____	Zip _____	Area Code/Phone _____	Area Code/Fax _____
2.	Business Name _____	Complete Address _____	Zip _____	Area Code/Phone _____	Area Code/Fax _____
3.	Business Name _____	Complete Address _____	Zip _____	Area Code/Phone _____	Area Code/Fax _____

**CUSTOMER AGREEMENT:**  
 We certify that all the information on this form is correct. We fully understand you credit terms of NET 30 DAYS and agree to pay within these terms in consideration for extended credit. We authorize the above noted references to release information to The Left Side for purpose of establishing credit.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Title: \_\_\_\_\_