

CREDIT APPLICATION – *Required Fields

Return to the checked location below:

Lexington Sales Office
801 Enterprise Drive
Lexington, KY 40510
(859) 255-6605
(859) 255-8480 Fax

Louisville Sales Office
5470 Shepherdsville Road
Louisville, KY 40228
(502) 968-9005
(502) 968-7558 Fax

Accounting Office
801 Enterprise Drive
Lexington, KY 40510
(859) 455-8218
(859) 255-5855 Fax



Customer Information:

*Company Legal Name _____ Years in Business _____
DBA _____

*Physical Address _____

*City _____ *State _____ *Zip _____

* Mailing Address _____

*City _____ *State _____ *Zip _____

*Phone Number (_____) _____ *Fax Number (_____) _____

* E-mail _____ Website _____

*Type of Business (choose one)

Corporation ____ State of Incorporation Partnership Limited Liability Co. (LLC) Sole Proprietorship

*Owner's Information

Owner **Partner 1** SS# _____ Fed. ID# _____
Full Name _____

* Address _____

*City _____ *State _____ *Zip _____

*Phone Number (_____) _____ *Fax Number (_____) _____

*E-Mail _____

Partner 2 SS# _____ Fed. ID# _____
Full Name _____

* Address _____

*City _____ *State _____ *Zip _____

*Phone Number (_____) _____ *Fax Number (_____) _____

*E-Mail _____

Credit References

1. *Creditor's name _____ Account No. _____

Phone Number (_____) _____ Fax Number (_____) _____

E-Mail _____

2. *Creditor's name _____ Account No. _____

Phone Number (_____) _____ Fax Number (_____) _____

E-Mail _____

3. *Lending Depository/Bank Name _____ Account No. _____

Contact Person _____

Phone Number (_____) _____ Fax Number (_____) _____

E-Mail _____

CREDIT CARD INFORMATION (Optional):

Type of Card: Visa MasterCard American Express Discover

Account Number: _____ Exp. Date: _____ Signature Panel Code: _____

Name/Business on the card: _____

Billing Address: _____ City _____ State _____ Zip _____

I authorize A-1 Portable Buildings and the financial institution designated in this application to charge my credit card, as indicated by completing the above credit card information, for payment of my A-1 Portable Buildings monthly bill. I understand that both the financial institution and A-1 Portable Buildings reserve the right to terminate this payment plan and/or my participation therein. I also understand that at any time I may elect to discontinue my enrollment in this plan by providing notice to A-1 Portable Buildings in writing. I will also notify A-1 if there are any changes to this account. An original invoice will still be mailed to you with a copy of your charge card receipt.

Card Holders Signature: _____

FORM MUST BE COMPLETED ENTIRELY:

I hereby certify that above information is true and correct. By submitting this form, I authorize A-1 Portable Buildings, Inc. to verify this information and/or to obtain additional information by securing data from credit reporting agency. The above named Bank is hereby authorized to release information to A-1 Portable Buildings, Inc. **1st billing is in advance. Credit Terms Net 10 Days.**

*Signature: _____ *Printed Name: _____

*Title: _____ *Date: _____