



2111 Two Notch Road  
Lexington, SC 29072  
803.359.9334

### CREDIT APPLICATION

Team PASCON Representative \_\_\_\_\_

#### CUSTOMER BILLING ADDRESS

|                |                     |       |     |
|----------------|---------------------|-------|-----|
| COMPANY NAME   | SUBSIDIARY/DIVISION |       |     |
| STREET ADDRESS | CITY                | STATE | ZIP |
| CONTACT NAME   | PHONE NUMBER        |       |     |

#### OWNERSHIP

| <b>KIND OF BUSINESS:</b><br><input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP<br>INCORPORATED UNDER THE LAWS OF _____ KIND OF BUSINESS _____<br><input type="checkbox"/> CHECK HERE IF INCORPORATED WITHIN THE LAST 12 MONTHS |       |                   |       |
|---|-------|-------------------|-------|
| NAME(S) OF PRINCIPAL(S)   | TITLE | SOCIAL SECURITY # | PHONE |
|   |       |                   |       |
|   |       |                   |       |
|   |       |                   |       |

## BILLING INFORMATION

|  |
|--|
| WHO TO CONTACT WITH QUESTIONS ON BILLING |
| PURCHASE ORDER REQUIRED?                 |

## BUSINESS REFERENCES

|                         |                                  |
|-------------------------|----------------------------------|
| BANK NAME               | PHONE NUMBER                     |
| CONTACT                 | FAX NUMBER                       |
| CHECKING ACCOUNT NUMBER | SAVING/MONEY MARKET ACCOUNT NUM. |

|         |              |
|---------|--------------|
| VENDOR  | PHONE NUMBER |
| ADDRESS | FAX NUMBER   |

|         |              |
|---------|--------------|
| VENDOR  | PHONE NUMBER |
| ADDRESS | FAX NUMBER   |

|         |              |
|---------|--------------|
| VENDOR  | PHONE NUMBER |
| ADDRESS | FAX NUMBER   |

## CREDIT INFORMATION

If credit is approved, payment terms are net on receipt, delinquent at 30 days. Invoices not paid within these terms may result in credit and/or service suspension until balance due is paid. Customer also agrees to a 1.5% per month late charge to be paid on all late payments.

Information provided on this application will be held in strictest confidence and will only be used by Team PASCON to facilitate a credit evaluation.

I certify that the information on this form is correct and authorize the Company to contact the references given. Furthermore, I authorize the references I have given to release information on your account as required by our credit department. We fully understand your credit terms and agree to proper payment in consideration of extended credit.

If any legal action is instituted to collect the amounts owing, the prevailing party shall be entitled to recovery in addition to all other damages, a fifteen percent (15%) attorney's fee, plus all collection costs.

In consideration of personal benefits flowing unto me, I do hereby guarantee payment for \_\_\_\_\_

To team PASCON (P&S Construction Co. Inc and/or PASCON, LLC) in accordance with the terms stipulated herein.

| DATE | PRINT NAME | OFFICER SIGNATURE | TITLE |
|------|------------|-------------------|-------|
|      |            |                   |       |