



P.O. Box 17 • 890 E. Solomon St. • Griffin, GA 30224  
(770) 227-1234 • 1-800-241-1350  
Fax: (770) 229-5604  
[www.newtoncrouch.com](http://www.newtoncrouch.com)

Name of Company \_\_\_\_\_ Date Business Opened \_\_\_\_\_  
"dba" Name \_\_\_\_\_ Amount of Credit \_\_\_\_\_  
Shipping Address \_\_\_\_\_ Business Ownership Leased \_\_\_ Owned \_\_\_  
Mailing Address \_\_\_\_\_ Type of Ownership \_\_\_ Corporation  
City, State, Zip \_\_\_\_\_ \_\_\_ Partnership  
County \_\_\_\_\_ \_\_\_ Individual  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_  
Name of Corporation or Partnership \_\_\_\_\_  
Owner/Partner/Officers \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_  
Products and services offered by your company \_\_\_\_\_  
Estimated monthly charges \_\_\_\_\_

**Credit Reference**

Bank Name \_\_\_\_\_ Officer's Name \_\_\_\_\_  
Address \_\_\_\_\_ Acct. # Checking \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Acct. # Other \_\_\_\_\_  
Phone \_\_\_\_\_

**Trade References**

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Fax \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Name of Company \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Fax \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Name of Company \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Fax \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**Agreement for Collection Expenses and Terms of Sale**

In consideration of and to induce Newton Crouch Inc., and its subsidiaries to extend credit to the above named business, the undersigned (1) agrees and warrants the above information is true, and hereby authorizes Newton Crouch Inc. to verify, without liability, the statements contained herein; (2) agrees to comply with all terms and conditions of sales set forth by Newton Crouch Inc., from time to time, if credit is extended; (3) agrees to pay a service charge of 1.5% per month (18% annually) on the amount of all invoices thirty (30) days or more past due (in the amount, however not to exceed service charges permitted by law); and (4) agrees to pay 25% of the unpaid portion of all sums due Newton Crouch Inc. as attorney's fees if said account is collected by or through an attorney at law. It is further understood that legal title to all property sold under this agreement remains with Newton Crouch Inc. until paid for in full.

**Please make all returns to the Newton Crouch Inc. location in which you purchased them. Thank You!**

This \_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_  
Prepared by \_\_\_\_\_ Owner/Partner/Officer

**IF YOU HAVE A TAX EXEMPT NUMBER, PLEASE RETURN THE CERTIFICATE ALONG WITH THIS CREDIT APPLICATION TO NEWTON CROUCH INC.**