



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

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.