

**BB & T FACTORS CORPORATION**  
**CREDIT APPLICATION**  
**PLEASE COMPLETE FULLY**

DATE: \_\_\_\_\_

LEGAL NAME OF BUSINESS: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CORPORATION: \_\_\_\_\_ PROPRIETORSHIP: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_  
(PLEASE CHECK)

HOW LONG IN BUSINESS: \_\_\_\_\_

**BANK INFORMATION:**

NAME OF BANK: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBERS: \_\_\_\_\_

ACCOUNT OFFICER: \_\_\_\_\_

**TRADE REFERENCES:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

- \* It is understood that this application is subject to approval by the Credit Department of BB & T Factors Corporation and that the extension of credit and/or limits thereof shall be determined solely by BB & T Factors Corporation for the sole benefit of BB & Factors Corporation.
- \* Past due balances will be subject to a service charge of 1.5% per month (or maximum rate allowable by law) and Customer specifically agrees to imposition of this service charge on past due accounts.
- \* In the event of default by Customer under this Credit Application, then Customer agrees to pay all of BB & T Factors Corporation's expenses in collecting any sums due from Customer or otherwise enforcing this Credit Application, including reasonable attorneys' fees.

**THE FORGOING STATEMENTS AND ANY ACCOMPANYING FINANCIAL STATEMENTS ARE CORRECT AND WERE PROVIDED TO INDUCE BB & T FACTORS CORPORATION TO EXTEND CREDIT TO CUSTOMER.**

**IMPORTANT NOTICE:** If the credit is established and extended to an applicant who represents itself as a proprietorship or partnership, liability for any outstanding balance will be to individual owners, jointly or severally.

(MUST BE SIGNED AND DATED BY OWNER OF PROPRIETORSHIP, PRESIDENT AND SECRETARY IF CORPORATION, AND ALL GENERAL PARTNERS IN CASE OF A PARTNERSHIP.)

DATE EXECUTED: \_\_\_\_\_

\_\_\_\_\_ (TITLE)

\_\_\_\_\_ (TITLE)

\_\_\_\_\_ (TITLE)

ATTEST (IF CORPORATION)

\_\_\_\_\_ (TITLE)

\_\_\_\_\_  
Corporate Secretary

**AUTHORIZATION FOR THE RELEASE  
OF CREDIT INFORMATION**

Name of Company: \_\_\_\_\_

Name on Account: \_\_\_\_\_

Account #(s): \_\_\_\_\_

I \_\_\_\_\_ Herby Request That \_\_\_\_\_  
(your bank)

Release any necessary credit information from my records to BB & T Factors Corporation. I also understand that I (we) will hold

\_\_\_\_\_ harmless of any credit information released by said bank whether or not the credit is in good  
(your bank)

standing or if it is adverse. By signing below, I am attesting that the above given informaiton is true and correct to the best of my

knowledge and that I (we) am (are) an authorized signer for the above named account (s).

\_\_\_\_\_  
AUTHORIZED SIGNER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE