

SOUTHERN WIRE LLC

Corporate - Credit Office

8045 Metro Road, Olive Branch, Ms. 38654

Tel: 662-893-4644 Fax: 662-893-4732



Date _____

Business Name _____ Mail Address _____

Street Address _____ Mail Address _____

City _____ State _____ Zip _____ Country/Parish _____

Remittance Address (if different from above) _____

Nature of Business _____ Telephone (include area code) _____

Date Incorporated _____ State _____ Owner or President _____

D&B# _____ Rating _____

CREDIT REFERENCES (At least 3)

SUPPLIERS	STREET ADDRESS * CITY * STATE * ZIP	PHONE NO.

BANKS	STREET ADDRESS * CITY * STATE * ZIP	PHONE NO.

1. Will PO's be issued _____
2. Who is authorized to sign/order _____
3. Tax exemption # _____ Attach Copy

OFFICE USE ONLY

		HWR	NSP	BULK		COMMENTS
						APPROXIMATE VALUE FIRST SALE _____

SPECIAL INSTRUCTIONS OR COMMENTS RELATING TO THIS CUSTOMER

<input type="checkbox"/> NEW CUSTOMER <input type="checkbox"/> DISCOUNT CHANGE <input type="checkbox"/> CHANGE SALESMAN ASSIGNMENT <input type="checkbox"/> CHANGE CUSTOMER NAME OR ADDRESS <input type="checkbox"/> OTHER: REASON: EXPLAIN IN DETAIL	_____ SALES REPRESENTATIVE _____ SALES MANAGER _____ GENERAL MANAGER	MONTHLY CREDIT LIMIT <input type="checkbox"/> OEM <input type="checkbox"/> DISTRIBUTOR
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The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize SWWR Group to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

Signed _____ Date _____

Print Name _____