



BB&T Commercial Finance and Sunrise Importers

CREDIT APPLICATION PLEASE COMPLETE FULLY

BUSINESS CONTACT INFORMATION

Legal Name of Business:			
Trade Name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Officer:	SS#:	Title :	
Officer:	SS#:	Title :	
Officer:	SS#:	Title:	
Officer:	SS#:	Title:	
Bank name:			
Bank address:		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. 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.
2. 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.
3. 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 sum 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.

SIGNATURES

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

Title:
Date:

Title:
Date:

BB & T Contact Person:

Shelly Head
Vice President
BB&T Factors
950 E Paces Ferry Rd
Atlanta, GA 30326
404-442-5172 phone
404-442-5091 fax

AUTHORIZATION FOR THE RELEASE OF CREDIT INFORMATION

Name of Company: _____

Name on Account: _____

Account Number(s): _____

I _____ Hereby 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 information 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 SIGNATURE: _____

TITLE: _____

DATE: _____