



NEW HANOVER COUNTY

FINANCE

230 Government Center Drive, Suite 165, Wilmington, NC 28403

P: (910) 798-7187 | F: (910) 798-7806 | NHCgov.com

Eric Credle, Chief Financial Officer

CREDIT APPLICATION COVER SHEET REQUIREMENTS

To be considered for a credit account with New Hanover County, all forms **MUST** be complete and submitted as defined by our policy.

- 1) Application **must** be signed by an officer/owner of the company and the signature **must** be notarized.
- 2) NHC requires a copy of a business license or a general contractor's license upon submission of application.
- 3) The application review process can take up to 10 business days. Incomplete forms and/or a lack of response from references can delay the processing time.
- 4) **To expedite the application processing time, please provide email contacts for all references and verify phone numbers are included and correct.**
- 5) Applications should be mailed, faxed, or emailed to :

New Hanover County Finance Department

230 Government Center Drive, Suite 165

Wilmington, NC 28403

Fax: (910) 798-7806 | Phone: (910) 798-7403

Email: financedesk@nhcgov.com



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SECTION A: BUSINESS CONTACT INFORMATION

Name of Company or Individual

Street Address

City/State/Zip Code

Email Address

Phone

Fax

Cell Phone

Date Business Commenced

Have you ever had an account with NHC? If so under what name

Type of Business:

☐

Corporation

☐

LLC

☐

Partnership

☐

S Corporation

☐

Sole Proprietorship

SECTION B: CREDIT INFORMATION

Credit limit requesting and required accompanying documentation. Choose one.

☐

Up to \$4,999

requires a bank reference OR 1 trade reference

☐

\$5,000 - \$7,499

requires a bank reference AND at least 1 trade reference

☐

\$7,500 - \$9,999

requires a bank reference AND at least 2 trade references

☐

\$10,000 - \$19,999

requires a bank reference AND 3 trade references

☐

\$20,000 +

requires 3 years of financial statements

SECTION C: TRADE REFERENCES

Name of Company (1)	Phone	Fax Number
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Email Address	Street Address
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City	State	Zip Code
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Name of Company (2)	Phone	Fax Number
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Email Address	Street Address
---------------	----------------

City	State	Zip Code
------	-------	----------

Name of Company (3)	Phone	Fax Number
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Email Address	Street Address
---------------	----------------

City	State	Zip Code
------	-------	----------

Name of Company (4)	Phone	Fax Number
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Email Address	Street Address
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City	State	Zip Code
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PLEASE RETURN THIS INFORMATION ON YOUR BANK'S LETTERHEAD

SECTION A: BUSINESS CONTACT INFORMATION

Name of Business

Street Address

City/ State/ Zip Code

SECTION B: TO BE COMPLETED BY THE BANK

Your bank has been designed by the above as their principal depository and banking reference. The confidentiality of this information will be preserved except where disclosure of this information is required be applicable law. We will not hold you or any of your staff members responsible for the accuracy of this report.

Bank Name

Phone/Fax/Email Address

Bank Address

City/ State/ Zip Code

DEPOSITORY ACCOUNTS

- 1) This customer has been with our bank since: _____
- 2) Account Number: _____ Type: _____
- 3) Average Balance (past 6 months): _____ Current Balance: _____
- 4) Any overdrafts, floats, or returned checks? _____
- 5) Credit Rating: _____

CREDIT ACCOUNTS

- 1) We have granted credit to them since: _____
- 2) Current line of credit extended: _____
- 3) Is this secured? _____
- 4) Current balance in credit line: _____
- 5) Renewal date of credit line: _____
- 6) Has the credit line been handled as agreed? _____
- 7) Credit Rating: ☐ Excellent ☐ Good ☐ Satisfactory ☐ Poor

PERSONAL GUARANTEE**This section MUST be completed**

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other business entity with which the undersigned is or may be affiliated.

The use of my corporate title is only to identify my position in the company and in no way negates my personal guarantee.

Read and Sign Below

- 1) I agree to pay all charges to this account by the 20th day of the month as billed.
- 2) Payment in full must be received by NHC Finance Office by the due date or late fees will be assessed. In the event that my account is not settled by the due date, NHC is required to assess my account with a finance charge of 1.5% that will be added to the outstanding balance each month thereafter until my account is paid in full.
- 3) I certify that all information given on this application is correct and I authorize New Hanover County to obtain a credit report and check references.
- 4) I understand that a credit limit will be imposed on this account.
- 5) New Hanover County reserves the right to terminate credit privileges without notice and demand payment in full on all accounts if any account becomes delinquent.
- 6) I have read, understand, and agree to the county's credit terms.

Printed Name of Applicant

Signature of Applicant

Date

TitleState of

County of

I, _____, a Notary Public for said County and State, do certify

that _____ appeared before me this ____ day of, 2023

and acknowledged the execution of this instrument.

My commission expires

Notary Public



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AUTHORIZATION TO RELEASE TRADE AND BANK CREDIT INFORMATION

I voluntarily consent to authorize New Hanover County or any of its officers, employees, or agents to check my references by contacting any person or entity whom they deem to be an appropriate reference.

I also hereby release New Hanover County from all liability for damages or claims, which may arise or result from any reference information gathered pursuant to this authorization.

If I am declined credit due to information contained in my background information, I will be informed in writing as required under the Fair Credit Reporting Act of 1970 as amended in 1996.

Company Name

Phone Number

Authorized Officer Print Name

Title

Signature

Date

As part of its due diligence, New Hanover County requires that a background investigation of trade and banking references be conducted. It is expressly understood that any information given is to be used for the sole purpose of determining my acceptability for credit.

If you have any questions or concerns, please contact the New Hanover County Finance Department at (910) 798-7403 or by email at financedesk@nhcgov.com.

**COMPLETED FORMS MAY BE FAXED TO (910) 798-7806 OR EMAILED DIRECTLY TO
FINANCEDESK@NHCgov.COM**

PROFESSIONALISM | EQUITY | INTEGRITY | INNOVATION | STEWARDSHIP | ACCOUNTABILITY