



2475 Stock Creek Blvd.
 Rockford, TN 37853
 800.522.2606 p
 865.745.4110 f

CREDIT APPLICATION

PLEASE RETURN VIA FAX TO 865.745.4110

Firm Name Phone #

Billing Address Fax #

City State/Province Zip

General Information

Type of Business Tax Exempt #

Parent Company (If Applicable)

Corporation Partnership Proprietorship State of Incorporation:

Date Business Established Annual Dollar Volume of Sales

Business Location

Owned Leased Monthly Rental Net Worth Amount of Credit Line Requested

Accounts Payable Contact Phone #

Purchasing Contact Phone #

As Applicable, list names and addresses of Corporate Officers, Partners or Owners

| Name | Address | Phone # | Social Security # |
|------|---------|---------|-------------------|
| | | | |
| | | | |
| | | | |

Provide Four (4) Trade or Credit References (include address and phone #)

| | | | | | |
|-----------|-------|---------|-------|----------------|-------|
| Firm Name | _____ | Phone # | _____ | Fax # | _____ |
| Address | _____ | City | _____ | State/Province | _____ |
| Firm Name | _____ | Phone # | _____ | Fax # | _____ |
| Address | _____ | City | _____ | State/Province | _____ |
| Firm Name | _____ | Phone # | _____ | Fax # | _____ |
| Address | _____ | City | _____ | State/Province | _____ |
| Firm Name | _____ | Phone # | _____ | Fax # | _____ |
| Address | _____ | City | _____ | State/Province | _____ |

Bank Name

Branch

Address

Phone #

Contact

Account #

I/we certify that the above information is true, complete, and accurate and authorize verification. I/we understand that the information provided on this page is for the purpose of obtaining credit from your firm. I am/we are authorized in my/our capacity, to bind my/our firm accordingly. It is agreed that the account of the undersigned will be paid in accordance with the terms stated on the invoice. In the event that any dispute arises between the parties with respect to this agreement and such matter is referred to an attorney for resolution, the prevailing party will be entitled to recover from the losing party all costs and any attorney fees incurred by the prevailing party. I/we further agree that the venue of any suit will be laid in King County, Washington. It is understood the above named corporation officers or all above named partners will be held personally responsible for all previously mentioned in the event that the corporation or partnership cannot pay or is liquidated.

Authorized Signature

Print Name

Title

Date
