



502 A West Spring St. • Cookeville, TN 38501
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CREDIT APPLICATION

Business Name: _____

Tax Exempt? Y N Tax Exempt #: _____ (need signed form)

Type of Business: _____ Accounts Payable E-mail: _____

Limited Partnership: _____ Sole Proprietorship: _____

General Partnership: _____ Corporation: _____

Federal ID# or Social Security #: _____

Main Contact/Owner/President: _____ E-mail: _____

Address: _____

Phone: _____ Fax: _____ Cell: _____

Date Business Started: _____

Amount of Credit Requested: _____ Credit Granted: _____

Bank: _____ Account #: _____

Credit References:

Trade References:

Are you the defendant in a lawsuit? Yes _____ No _____ If yes, list and describe the lawsuit:

The undersigned consents to the released of credit history. We recognize that if credit is extended, it may be canceled without notice. I agree to personally pay any debt granted under this application. All invoices are due 15 days from the invoice date. They are past due after 30 days. All past due will pay 18% interest. All accounts may be backed up with a credit card in the event the balance is more than 60 days old.

Name on Account: _____ My account # is _____

CardType _____ ExpirationDate _____ SecCode _____

Signature: _____ Date: _____