# Customer Credit Application

214 Creasman Dr. Winchester, TN 37398
**Fill Out Complete Application**

| Company Info | | | |
|---|---|---|---|
| Name of Applicant (exact business name): | | | |
| Doing Business As (DBA) Branch Number: | | | |
| Dun & Bradstreet #: | | | |
| Street Address: | | | |
| City: | | State: | Zip: |
| Phone: | ext | FAX: | |
| Year Established: | | | |
| Federal Tax ID #: | | | |
| State Resale or Exemption #: | | | |
| Business Type: | ☐ Distributor ☐ OEM ☐ In User ☐ Other: | | |
| Web Site URL: | | | |

| Parent Company Info | | | |
|---|---|---|---|
| Subsidiary or division? | ☐ Subsidiary ☐ Division | | |
| Parent Company Name: | | | |
| Parent Company Address: | | | |
| City: | | State: | Zip: |
| Phone: | ext | FAX: | |
| Will the Parent Company guarantee debts? | ☐ Yes ☐ No | | |
| Primary Line of Business: | ☐ System Integrator ☐ Service Provider ☐ VAR ☐ Water/Power/Utility<br>☐ Education ☐ Government ☐ Manufacturing ☐ Charitable Organization<br>☐ Other: | | |

## Accounts Payable

| | | | |
|---|---|---|---|
| Requested Terms: | ☐ Check ☐ ACH ☐ Credit Card ☐ Net 30 days Check ☐ Net 30 ACH ☐ Other: | | |
| Accounts Payable Contact: | | | |
| AP Phone: | ext | AP FAX: | |
| AP Email: | | | |
| Billing Address: | | | |

## Bank References

| | | | |
|---|---|---|---|
| **Bank 1** | | | |
| Bank Name: | | Branch: | |
| Account #: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Person to Contact: | | | |
| Phone: | ext | | |
| **Bank 2** | | | |
| Bank Name: | | Branch: | |
| Account #: | | | |
| Address: | | | |
| City: | | State: | Zip: |
| Person to Contact: | | | |
| Phone: | ext | | |
| | | | |
| Has this firm ever filed for Bankruptcy? | ☐ Yes ☐ No If “yes”, please attach explanation with date, docket # and resolution. | | |

## Creditor References

| | | | |
|---|---|---|---|
| **Creditor 1** | | | |
| Creditor Name: | | | |
| Account #: | | Year Opened: | |
| Address: | | | |
| City: | | State: | Zip: |
| Person to Contact: | | | |
| Phone: | ext | | |
| **Creditor 2** | | | |
| Creditor Name: | | | |
| Account #: | | Year Opened: | |
| Address: | | | |
| City: | | State: | Zip: |
| Person to Contact: | | | |
| Phone: | ext | | |

## Purchasing Information

| | | | |
|---|---|---|---|
| Does your company use Purchase Orders? | ☐ Yes ☐ No | If YES ☐ Verbal | ☐ Written |
| List all persons authorized to make purchases: | | | |
| Shipping Address: | | | |
| City: | | State: | Zip: |
| Person to Contact: | | | |
| Phone: | ext | Email: | |

## Shipping Preferences

| | |
|---|---|
| Preferred Ground Shipping Method: | ☐ UPS ☐ Best Way – Prepay & Add ☐ Fedex (+5 pickup fee) |
| Shipping Acct # | |
| Preferred Freight Shipping Method and Account #: | |



PRINT FORM