



434 Harding Industrial Drive, Nashville, TN 37211
Phone: (615) 833-2300 Fax: (615) 833-2306

APPLICATION FOR CREDIT

Name: _____ Phone #: _____

Business
Address: _____ City: _____ State: _____ Zip: _____

Mailing
Address: _____ City: _____ State: _____ Zip: _____

Date Established: _____ Type of Ownership: _____ Nature of Business: _____

Sales Tax Exemption/Resale #: _____ Federal ID #: _____

Principals/Officers

Name: _____ Title: _____

Name: _____ Title: _____

Accounts Payable Contact: _____ Phone #: _____

Purchasing Contact: _____ Phone #: _____

Parent Company Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Bank References

1) Name: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Contact Name: _____

2) Name: _____ Account #: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____ Contact Name: _____

Trade References

1) Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

2) Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

3) Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

4) Name: _____ Contact: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

Authorization to release information

By way of submitting this credit application, applicant understands that credit information may be obtained from credit reporting agencies, and authorizes the use of such information for the purpose of granting credit. Applicant also authorizes the bank references listed above to release information concerning credit history.

Signature: _____ Title: _____ Date: _____