



190 SPENCE LANE, NASHVILLE, TN 37210  
615-889-8430/FAX:615-889-3905

**APPLICATION FOR CREDIT**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Tax Exempt \_\_\_\_ Yes \_\_\_\_ No

**(If yes, attach signed tax exemption certificate)**

P.O. No. Required: \_\_\_\_ Yes \_\_\_\_ No

Statement Required: \_\_\_\_ Yes \_\_\_\_ No

NAME OF APPLICANT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_) \_\_\_\_\_

CONTACT: \_\_\_\_\_

DEPT. \_\_\_\_\_

CHECK ONE: \_\_\_\_ CORPORATION \_\_\_\_ PARTNERSHIP \_\_\_\_ PROPRIETORSHIP

**BILLING ADDRESS (If different from above):**

STREET: \_\_\_\_\_ PO BOX \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ - \_\_\_\_\_

**BANK:** \_\_\_\_\_

**BRANCH:** \_\_\_\_\_

**PHONE:** (\_\_\_\_) \_\_\_\_\_

**OFFICER:** \_\_\_\_\_

**BUSINESS REFERENCES: (Please provide FAX number if you have it)**

(1) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

(2) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

(3) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

(4) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**FOR TSR USE ONLY:**

Dept: \_\_\_\_ Parts \_\_\_\_ Service Salesperson \_\_\_\_\_