



213 Pinehurst Drive  
Columbia, TN 38401

Phone: (931) 374-2552  
Fax: (931) 381-4300

**CREDIT APPLICATION**

DATE:	
TO:	ATTENTION:
FAX #	PHONE #
FROM:	# OF PAGES FAXED:

**Important Notice:**

**(Please print or type.)**

The following information is required as a basis for extending credit to your company. No application will be considered unless all blanks are filled in (where applicable). By completion of this application I do hereby understand I am applying for credit.

**BUSINESS INFORMATION**

APPLICANT: BUSINESS OR CORPORATE NAME			CIRCLE ONE: CORPORATION    PARTNERSHIP    PROPRIETORSHIP			APPLICATION DATE:		
BILLING ADDRESS:				SHIPPING ADDRESS:				
CITY:		STATE:	ZIP:	CITY:		STATE:	ZIP:	
BUSINESS TELEPHONE NUMBER:	YEAR BUSINESS WAS ESTABLISHED:		FAX NUMBER:	TAXABLE: (CIRCLE ONE) NO (CERTIFICATE ATTACHED)    YES				

**OWNERS: (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP)**

**OFFICERS: (IF A CORPORATION)**

NAME:	SOCIAL SECURITY NUMBER:	TITLE:	HOME ADDRESS:	HOME PHONE NUMBER:
NAME:	SOCIAL SECURITY NUMBER:	TITLE:	HOME ADDRESS:	HOME PHONE NUMBER:
NAME:	SOCIAL SECURITY NUMBER:	TITLE:	HOME ADDRESS:	HOME PHONE NUMBER:

**BANK INFORMATION:**

NAME:	BRANCH ADDRESS:	PHONE NUMBER:	ACCOUNT NUMBER:	TYPE OF ACCT:
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**APPLICANT'S CREDIT REFERENCES:**

NAME:	CITY/STATE:	FAX #:
NAME:	CITY/STATE:	FAX #:
NAME:	CITY/STATE:	FAX #:
NAME:	CITY/STATE:	FAX #:
NAME:	CITY/STATE:	FAX #:

APPLICANT - PLEASE COMPLETE AND SIGN: \_\_\_\_\_

(PLEASE INCLUDE NAME AND TITLE)