



**Phoenix™ USA, Inc.**

# Application For Credit

**PO Drawer 40 • 51 W Borden St Cookeville, TN 38501**  
Ph (931) 526-6128 Fax (931) 526-1795

For Internal Use Only	
Customer#	_____
Sales	_____
PC	_____
Cr Line	_____
Per	_____
Date	_____
Act	_____

**Any application that is not completed in its entirety will be returned**

(Please Print)

Company Name: \_\_\_\_\_ **Dun & Bradstreet ID:**   -     -

Billing Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Proprietor, Partner, or Principle's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Web: \_\_\_\_\_

Type Of Business: \_\_\_\_\_ (Manufacturer \_\_\_ Dealer \_\_\_ Other \_\_\_\_\_)  
Please list any product(s) with franchise affiliation (brand name) that you distribute or manufacture: \_\_\_\_\_

Corporation: \_\_\_ Partnership: \_\_\_ Proprietorship: \_\_\_ Affiliate Of: \_\_\_\_\_ Date Established: \_\_\_\_\_  
Resale Certificate Number: \_\_\_\_\_ Federal Identification Number: \_\_\_\_\_

**(Please send a copy of your certificate with this application; or Phoenix USA, Inc. will be required, by law, to collect state and local taxes)**

### Bank Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_ Loan Number: \_\_\_\_\_

Signature Authorizing The Bank To Supply Information: \_\_\_\_\_

**\*\*\*\* Note - Important Signature Required\*\*\*\* (This signature is required or the application will be returned)**

### Trade References

- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_
- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_
- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_
- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_ Fax: \_\_\_\_\_

**(Note - Four trade references of comparable amount are required)**

Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Name Above Printed: \_\_\_\_\_ Line Of Credit Requested: \_\_\_\_\_

**A credit line of \$10,000 or more will require supporting financial statements to be submitted along with this application.**

**(Note - Any false information or misrepresentations found on this application are grounds for rejection and by signing this application, your company warrants that it will keep all accounts with Phoenix USA, Inc. within terms of sale extended. If**

**the account goes beyond 30 days, your signature on this application commits that your company will pay service charges not to exceed 1.5% and any collection fees incurred on past due balances.)**