



Phoenix™ USA, Inc.

Application For Credit

PO Drawer 40 • 51 Borden St Cookeville, TN 38501

Ph (931) 526-6128 Fax (931) 526-1795

Website: www.phoenixusa.com

Email: cs@phoenixusa.com

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: _____

Invoice Email: _____

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.)