

## **Credit Application** CONFIDENTIAL

Correspondence: 1001 Centre Pointe Dr. Suite A La Vergne, TN 37086 USA Phone: +1 (615) 256-6030 Fax: +1 (615) 256-6032

BUSINESS CONTACT INFORMATION										
Officer/Guarantor Name: Title:										
Company name:										
Phone:		E-mail:								
Registered company address:										
City:	State:			ZIP Code:						
Date business commenced:										
Type of Business:										
Sales Tax (KY, SC, TN):	YES NO (Attach ce					ertificate)				
Federal Tax ID #:										
Number of Full Time Employees:										
AGREEMENT										
We hereby make application to ITL, LLC for Credit. All information supplied with regard to this application is correct and we agree to advice of any change in writing.  ITL, LLC terms are net 30 days from date of invoice and all freight charges will be paid. A service charge of 1.5% per month (annual percentage rate of 18%) will be added to all unpaid accounts on the 15 <sup>th</sup> of each month following the due date. We further acknowledge that all credit privileges, if granted, may be withdrawn at any time. If collection is										
made by suit or otherwise, I agree to pay all collection costs, including reasonable attorney's fee, and herein waive all rights to claim exemption under state law.										
I grant authorization to investigate my credit history, bank references and any information deemed necessary to extend credit.										
By applying for credit, being accepted, and signing this credit application, I agree to the above terms and conditions.										
SIGNATURES										
Authorized Signature:										
Title:										
Print Name:										
Date:										
Credit Line Request:										
BILLING INFORMATION										
Company name:										
Billing Address:										
City:		State:			ZIP Code:					
Phone:		Fax:		E-mail:						
Dun & Bradstreet#:										
ACCOUNTS PAYABLE CONTACT										
Name:										
Address:										
City:			State:			ZIP Code:				
Phone:		Fax:		E-mail:						

BANK INFORMATION									
Bank name:									
Bank Address:									
City:		State:		ZIP Code:					
Phone:	Fax:		E-mail:						
5 TRADE REFERENCES (MUST BE 5 YEARS OR OLDER)									
Name:									
Address:									
City:	:			ZIP Code:					
Phone:	Fax:	E-mail:							
Name:									
Address:									
City:		State:		ZIP Code:					
Phone:	Fax:		E-mail:						
Name:									
Address:									
City:		State:		ZIP Code:					
Phone:	Fax:		E-mail:						
Name:									
Address:									
City:		State:		ZIP Code:					
Phone:	Fax:		E-mail:						
Name:									
Address:									
City:				ZIP Code:					
Phone:	Fax:		E-mail:						