



2600 8th Avenue, P.O. Box 72843
 Chattanooga, TN 37407
 Phone: 423-622-4161 Fax: 423-493-4828

COMMERCIAL CREDIT APPLICATION-ALL APPLICATIONS MUST BE SIGNED

GENERAL INFORMATION

INDIVIDUAL / COMPANY

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE _____
 FAX _____
 NUMBER OF YEARS IN BUSINESS: _____

CHECK TYPE OF BUSINESS

_____ Corporation – If so, Date of Incorporation: ____/____/____
 _____ Partnership
 _____ Limited Liability Company
 _____ Sole Proprietor (List Soc Sec# and Date of Birth)
 SS# _____ /Date of Birth _____
 FEDERAL ID # _____

PRINCIPALS AND/OR OFFICERS:

1. _____ Title _____
2. _____ Title _____
3. _____ Title _____

BILLING INFORMATION

MAILING ADDRESS (for invoices, statements, or correspondence regarding your account)

_____ Street _____ City _____ State _____ Zip _____

Accounts Payable Contact _____ Name _____ Title _____ Phone _____ Fax _____

Is your company tax exempt? Yes / No (If yes, please attach certification of exemption)

Does your company require a purchase order? Yes / No A Unit number? Yes / No

CREDIT INFORMATION

Amount of credit requested: _____ D & B Number: _____

TRADE INFORMATION

REFERENCES	ACCOUNT NUMBER	CITY	STATE	PHONE	FAX
1.					
2.					
3.					
4.					
5.					

BANK INFORMATION

NAME OF BANK	ADDRESS	CITY	STATE	PHONE	FAX	ACCT/LOAN #
1.						
2.						

I hereby authorize any person or organization whose name I have given as character or credit reference, (or by whom I have been employed) to furnish LEE-SMITH, INC. any information they may have concerning me, whether on record or not and I hereby release all such persons and organizations from any claims for damages or otherwise by reason of furnishing such information and records.

"The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of sex or marital status. The Federal agency which administers compliance with this law concerning this dealership is the Federal Trade Commission, 730 Peachtree Street, NE, Atlanta, GA 30308."

Terms: NET 10 following the month of invoice date. Amounts not paid by the 10th of the following month will be subject to a late charge of 1.5% per month, 18% per annum. I hereby agree to pay collection costs and reasonable attorney fees if I fail to pay within terms.

I have read and understand the conditions and terms of this application.

 Authorized Signature

 Title

 Date

CREDIT DEPARTMENT APPROVAL			
COMPANY USE ONLY			
Date	Amount	By	ACCT #

**PLEASE MAIL OR FAX THIS COMPLETED APPLICATION TO: JAN POWELL, CREDIT MANAGER -- Thank you
 PLEASE NOTE: ALTERED CREDIT APPLICATIONS WILL NOT BE ACCEPTED**