BUSINESS CREDIT APPLICATION

Sleeve City
7600 Appling Center Ste 102
Memphis TN 38133
901-380-4168
Attn: Credit Division

For fast credit approval
Please fax this
form to:
901-381-1112

Company Name **Type of Business** **Phone Number** **Fax Number**

Billing Address **Shipping Address**

City **State** **Zip** **City** **State** **Zip**

Type of Ownership: ❑ **Corporation** ❑ **Partnership** ❑ **Sole proprietor** **Years in business:** _____

❑ **Government** ❑ **Non-Profit** **Tax Exempt? Yes No**
(If yes, please include resale card with application)

Parent company names (If different than above): _____

Address **Fax Number**

City **State** **Zip**

Bank References

1. _____
Name **Phone Number** **Fax Number**
Account Number_____ **Contact:** _____
2. _____
Name **Phone Number** **Fax Number**
Account Number _____ **Contact:** _____

Open Accounts References

1. _____
Name **Phone Number** **Fax Number**
_____
Address **City** **State** **Zip**
2. _____
Name **Phone Number** **Fax Number**
_____
Address **City** **State** **Zip**
3. _____
Name **Phone Number** **Fax Number**
_____
Address **City** **State** **Zip**

AUTHORIZED SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **TITLE:** _____

Inter Office Use Only **DATE:** ____/____/____
CREDIT LIMIT: _____ **APPROVED BY:** _____