



# Application For Credit

PO Drawer 40 • 51 Borden St Cookeville, TN 38501  
Ph (931) 526-6128 Fax (931) 526-1795  
Website: [www.phoenixusa.com](http://www.phoenixusa.com)  
Email: [cs2@phoenixusa.com](mailto:cs2@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: \_\_\_\_\_

Email for Invoices: \_\_\_\_\_

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/Email: \_\_\_\_\_

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.)**



**Phoenix™ USA, Inc.**

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Phoenix USA, Inc. accepts the following major credit cards: Visa, Mastercard, & AMEX.

For your convenience, you may submit your credit card information to be kept on file for your credit card purchases. If you would like for Phoenix USA, Inc. to retain this information, please complete the following:

Credit Card# \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Cardholder's Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

*All information provided to Phoenix USA, Inc. is held in strict confidence.*



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Web: www.phoenixusa.com • E-Mail: cs@phoenixusa.com

Dear Phoenix USA Customer:

In order for your account to be processed without delay, please be sure to provide the following:

**For COD Check terms:**

1. Please provide the billing & shipping address information and key contact information on the enclosed credit application
2. Please provide your bank information under the “bank” section of the enclosed credit application...**please be sure to include:**
  - a) **Authorized Signature for release of credit information**
  - b) **Bank Name**
  - c) **Phone**
  - d) **Fax (if possible)**
  - e) **Account number**

**For Net 30 Day terms:**

1. Please provide the billing & shipping address information and key contact information on the enclosed credit application
2. Please provide your bank information under the “bank” section of the enclosed credit application...**please be sure to include:**
  - a) **Authorized Signature for release of credit information**
  - b) **Bank Name**
  - c) **Phone**
  - d) **Fax (if possible)**
  - e) **Account number**
3. Please provide industry trade references that supply product or services to your business...**please be sure to include:**
  - a) **Trade reference name**
  - b) **Phone**
  - c) **Fax**
  - d) **Account number**
4. Please sign the bottom of the enclosed credit application indicating that you agree to our terms for an open account

We also require that Phoenix USA customers provide a copy of their sales tax certificate or a blanket certificate to be filed in their customer file.