PO Box 1688 – Collierville, TN 38027 **Phone** (901) 853-8237 **Fax** (901) 861-1057

## **CREDIT APPLICATION**

Since we have no credit information on your company, we would appreciate your filling out this credit application in order that we may establish a line of credit and <u>FAX **TO**</u>: **901-861-1057** Thank you.

Business Name Mailing Address	
CityStateState	
Physical Address	
City	
Phone#Fax#	
EMAIL	
WEBSITE	
D-U-N-S#	
Pearl Sales Rep	
State Sales & Use Tax Certificate Faxed Copy Required (Fax to: 901-861-1057) #	
Type of business: Corporation Individual Other No. of years in business	
In order to assist in protecting our planet, We are a participant of PAPERLESS OFFICE. We like to go paperless? If so, please provide an email address for:	ould you
InvoicesStatements	
Sales Orders	
If you prefer your invoices and statements mailed, please check here	
CONTACTS FOR YOUR BUSINESS:	
CONTACTS FOR YOUR BUSINESS:  Owner Contact Email	
Owner ContactEmail	
Owner ContactEmail PhoneFax	
Owner ContactEmail  PhoneFax  Management ContactEmail	
Owner ContactEmail	
Owner ContactEmail	
Owner ContactEmail	
Owner Contact	

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Required **CREDIT REFERENCES** Name \_\_\_\_\_\_ Fax \_\_\_\_\_ Address Name Phone Fax Name \_\_\_\_\_ Fax \_\_\_\_ Address Name \_\_\_\_\_ Phone Fax \_\_\_\_\_ Address What is your payment processing time? \_\_\_\_\_ HAS YOUR COMPANY EVER FILED BANKRUPTCY OR HAD LEGAL COLLECTION ACTIVITY TAKEN YES \_\_\_\_\_ NO \_\_\_\_ IF YES, PLEASE EXPLAIN. **AGAINST IT?** TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT AND TRUE NAME\_\_\_\_\_\_TITLE\_\_\_\_\_DATE\_\_\_\_

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# <u>CREDIT APPLICATION – PART 11 BANK REFERENCE</u>

Please print clearly and answer all requested information

Your Company Name	
Bank Name	
Account Number	
Address	
A/P Contact & Email	
Telephone Number	
Fax Number	
I give the above stated bar Mantels, Inc  Authorized Signature Re	nk my permission to give a banking reference to Pearl
Date	Telephone #
Banking Official – Please Checking Acct Information	e Complete
Date Acct Opened	Average Balance
Insufficient Fund Activity	
How would you rate the account	nt? OutstandingSatisfactoryUnsatisfactory
Loan Information	
Date Account Opened	Average Balance
Payment History	

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Fax (901) 861-1057

In order to serve you better, we would like to learn more about your business. Please answer the following questions and fax back to 901-861-1057. Thank you in advance for your assistance!

Company Name:	
Address:	
City:	State: Zip:
Website:	
How did you hear about our product?	
Have you ever purchased our product?	
Which best describes your business (please Retail Hearth Products Retail Build Two Step Distributor Other, please de Is the address shown above how you would If not, please let us know the correct address	ding Supply Internet Retailer escribe d like your company referenced on our website?
Do you have more than 1 location? website? If yes, please let us know all address and ph	_ Would you like all of your locations to be shown on ou hone numbers.
All comments welcomed!	