



CREDIT APPLICATION

Attention: Accounts Receivable
P.O. Box 99900
Louisville, Ky. 40299-0900
Phone: 502 261-4061
Fax: 502 261-4939

BUSINESS INFORMATION

Title:
Company name:
Phone: Fax: E-mail:
Registered company address:
City: State: ZIP Code:
Dunn & Bradstreet Number:
Sole proprietorship: Partnership: Corporation: Other:

BILLING INFORMATION

Invoice Mailing Address
City: State: ZIP Code:
Accounts Payable Contact Information
Telephone: Fax: E-mail:
Tax Status:
Are you exempt from State Sales Tax? Yes No
If you answered Yes, a Sales Tax Exemption form or Resale Certificate must be attached. If not attached, sales taxes will be charged.

BUSINESS/TRADE REFERENCES

Company Name:
Address:
City: State: ZIP Code:
Phone: Fax: E-mail:
Company Name:
Address:
City: State: ZIP Code:
Phone: Fax: E-mail:

AGREEMENT

The information on this application is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Preferred Marketing Solutions to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank(s) and trade creditors to submit information for the purpose of credit evaluation. Preferred Marketing Solutions assures that all information will be held in strictest confidence. The applicant agrees to terms Net 30 Days. An overdue account is subject to credit hold. All overdue balances are assessed a finance charge at the rate of 18% per annum and must be paid before the account is considered current.

PRINT NAME _____ TITLE _____
SIGNATURE _____ DATE _____

Preferred Marketing Only
Client Service Specialist : _____ Ext: _____ Date Submitted: _____
Salesperson : _____ Salesperson Number: _____