



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: _____