

**Credit Application**

*Art Pancake's Rent-All  
5025 Nolensville Road  
Nashville, Tn 37211*

*Phone 615-832-1234  
Fax 615-832-1201*

Name of Firm \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Principal line of work \_\_\_\_\_  
At Present Address Since (date) \_\_\_\_\_  
Location of Home Office \_\_\_\_\_  
Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_  
Number of Years in Business \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_  
PRINCIPAL Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_  
MEMBERS Home Address \_\_\_\_\_  
OF Name \_\_\_\_\_ Title \_\_\_\_\_ Home Phone \_\_\_\_\_  
FIRM Home Address \_\_\_\_\_

Name of Bank \_\_\_\_\_ Branch \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
THREE Name \_\_\_\_\_  
BUSINESS Address \_\_\_\_\_  
CREDIT Name \_\_\_\_\_  
REFERENCES Address \_\_\_\_\_

Is a Purchase Order Required? Yes \_\_\_\_\_ No \_\_\_\_\_ List People Authorized to Sign  
Name \_\_\_\_\_  
TERMS: Net 30 Days Name \_\_\_\_\_  
Name \_\_\_\_\_

**AGREEMENT**

Customer agrees to be responsible for all reasonable collection, repossession, attorney's,  
and court costs incurred in connection with the collection of amounts owed to  
ART PANCAKE'S RENT-ALL

Date: \_\_\_\_\_ Signed by \_\_\_\_\_  
Position \_\_\_\_\_