



# CREDIT APPLICATION & AGREEMENT

955 West College Street  
Pulaski, TN 38478  
(931) 363-3161  
(931) 363-4971 FAX

Please sign and mail or fax copy to 931-363-4971.  
Applications not signed and dated will not be processed.

COMPANY NAME: \_\_\_\_\_

BILLING ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SHIPPING ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## GENERAL BUSINESS INFORMATION

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

President's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tax Exempt Certificate # \_\_\_\_\_ Copy on File:  Yes  No

If no, certificate must accompany application.

## BANK REFERENCE

Bank Name: \_\_\_\_\_ Officer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Checking Account # \_\_\_\_\_ Fax: \_\_\_\_\_

## TRADE REFERENCES

1. \_\_\_\_\_ Fax: \_\_\_\_\_

2. \_\_\_\_\_ Fax: \_\_\_\_\_

3. \_\_\_\_\_ Fax: \_\_\_\_\_

Terms are Net 30 for New and Existing customers. A Service Charge of 1-1/2% per month, 18% annum will be made on accounts after 30 days from invoice date. It is expressly understood and agreed hereto, that the undersigned shall be responsible for paying reasonable attorney's fees, court cost and all cost of collection, should it become necessary to enforce payment through an attorney or by suit.

Accounts not paid in a timely manner will cause your account to be put on CREDIT HOLD until paid in full and may jeopardize your ability to have credit with Holley's Printing in the future.

We certify that all the information on this form is correct, and that we fully understand the credit terms and agree to the proper payment in consideration of extended credit.

\_\_\_\_\_ Date

\_\_\_\_\_ Authorized Signature

\_\_\_\_\_ Title