

Perk Products & Chemical Co., Inc.

45 Industry Street Nashville, TN 37210
PO Box 100585 Nashville, TN 37224
(Phone) 615-242-6157 (Fax) 615-242-1276



CREDIT APPLICATION

Firm Name: _____ Contact person: _____

Bill To: _____ Ship To: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Type of business: _____ Year opened: _____

Business Phone: _____ Business Fax: _____

Accounts Payable Contact: _____ Phone: _____

Email Invoices To: _____ (If Applicable)

Federal ID# or SS#: _____ Principals name: _____

Bank Reference

Name: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date account opened: _____

Trade References

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

Firm name: _____ Phone: _____

The undersigned hereby agrees that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

Company: _____ Date: _____

Signature: _____ Title: _____

Terms: All Perk Products invoices shall be paid net thirty (30) days after the invoice date unless otherwise agreed to by the parties in writing.