



915 6th Avenue South • Nashville, Tennessee 37203
 Phone (615) 254-3454 • Fax (615) 242-2089
 "Serving You Since 1947"

Firm Name or Individual Name: _____ Phone: _____
 Street Address: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____ Date: _____
 Fax: _____ eMail Address for Accounts Payable: _____

Please Check One: Individual Partnership Corporation: * Date Business Started _____
 Social Security Number of Individual or Partnership I.D. Number _____

Full Name of Owners (or Officers of Corp.)

(List Home Address for Individual or Partnership)

Name: _____ Address: _____ Phone: _____
 City/State: _____ Zip: _____ SSN: _____ - _____ - _____

Name: _____ Address: _____ Phone: _____
 City/State: _____ Zip: _____ SSN: _____ - _____ - _____

Name: _____ Address: _____ Phone: _____
 City/State: _____ Zip: _____ SSN: _____ - _____ - _____

State Tax Registration Numbers if Applicable: (Please Submit Form) _____

Estimated Monthly Credit Requirements: \$ _____

Purchase Orders Required? Yes No

Please List Special Charge Account Instructions on the Back of This Application.

Trade References

Firm Name: _____ Phone: _____
 City/State/Zip: _____ Date Opened: _____
 Firm Name: _____ Phone: _____
 City/State/Zip: _____ Date Opened: _____
 Firm Name: _____ Phone: _____
 City/State/Zip: _____ Date Opened: _____

Bank References

Name: _____ Address: _____ Phone: _____
 City/State/Zip: _____ Officer or Contact: _____
 Name: _____ Address: _____ Phone: _____
 City/State/Zip: _____ Officer or Contact: _____

I attest that all of the above is true to the best of my knowledge: _____
 (Firm Name)

By: _____
 (Signature Required)

Individual Guaranty

The above information is furnished for the purpose of obtaining commercial credit, and is true and correct as stated. It is agreed that all invoices will be paid in accordance with your stated terms of net 10th Prox. _____. On all invoices that are not paid within our terms, a service charge will be assessed at a rate of 1-1/2% per month (18% per annum) on all past due balances. I hereby understand and agree that, should it become necessary to place this account for collection that I hereby agree to obligate my company and myself personally to pay the entire amount due, including service charges, interest from due date, and/or attorney fees, and all cost of collection, including court costs.

Firm Name: _____ Date: _____

By: _____ Title: _____
 (Signature Required)

I hereby grant permission to Dale, Inc. to obtain an individual credit report on me/us.

 (Signature Required)

 (Signature Required)