



Dear Credit Applicant:

Thank you for choosing HOTELSIGNS.com for your interior sign solutions.

Since you have requested open terms with us, please complete the attached credit application. In completing the application, please follow the five suggestions below to assist us in providing you with a quick and accurate response:

- Answer every question—put N/A if a question doesn't apply.
- For your bank reference, provide a correct contact name, telephone number, and fax number. As a rule, we will contact this reference **by fax first**.
- Indicate if you are affiliated with any other company and, if so, provide the information requested.
- Sign the application—if you are able to attach a digital signature, please do so and submit electronically. If not, please print out your completed credit application, sign, and fax to us. Without your signature, the bank may refuse to give us a credit reference - thereby delaying our response to you.
- If you are a reseller and believe you are not required to pay applicable sales tax(es), please fax a copy of the applicable resale certificate. Otherwise, we may be required to collect sales or use tax from you.
- If you reside in Tennessee and are tax-exempt for any reason, please fax a copy of the applicable tax-exempt certificate.

Please be aware—the more information you can provide to us about your company, the quicker we can respond and the more likely we can approve your request for credit. The information you provide: 1) is solely for the purpose of establishing an open account with our company, 2) will be treated with strict confidentiality, and 3) will not be shared with any third party.

**UNLESS OTHERWISE REQUESTED, THE INITIAL CREDIT LIMIT FOR ALL CUSTOMERS WILL BE \$500, BASED UPON A LIMITED CREDIT CHECK. FOR ALL CUSTOMERS REQUESTING A CREDIT LIMIT GREATER THAN \$500, A COMPLETE CREDIT EVALUATION WILL BE PERFORMED. IN ADDITION, FOR CUSTOM ORDERS GREATER THAN \$500, A 50% DEPOSIT IS TYPICALLY REQUIRED.**

Upon completion, please fax the signed credit application (and any other material) to:

Fax #: (423) 698-2864  
Attn: Credit Manager

Thank you for choosing HOTELSIGNS.com.

Sincerely,

David Valentine  
Controller / Finance Manager

# CREDIT APPLICATION

## BILLING ADDRESS

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
A/P Contact \_\_\_\_\_  
A/P Phone \_\_\_\_\_ A/P Fax \_\_\_\_\_

## SHIPPING ADDRESS

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Contact \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
DUNS # \_\_\_\_\_

Principal Officers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Type of Business

- Proprietorship     Corporation  
 Partnership     Other \_\_\_\_\_

Year Established \_\_\_\_\_

Payment to be made in name of \_\_\_\_\_

Credit Limit Requested\* \_\_\_\_\_

\* \$500 unless otherwise noted

Are you affiliated with another company?  Yes  No

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

PO required \_\_\_\_\_

Order Pending  Yes  No

Tax Exempt\*  Yes  No

\* Tennessee only. If yes, please include tax exempt certification.

## BANKING HISTORY

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

May we contact your bank?  Yes  No

Account # \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## CREDIT REFERENCES

1) Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

2) Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

All credit applications are accepted on the basis of the applicant complying with our credit terms, which are NET 30 DAYS FROM DATE OF INVOICE. Accounts with a past due status will have all new orders placed on credit hold until the account is brought to a current status. Applicant is liable for any reasonable collection and/or attorney fees incurred, should it be necessary to place the account for collection. We the undersigned understand, acknowledge, and accept the above terms of sale. We further certify that the information given herein is true and correct. This signature serves as authorization for HOTELSIGNS.com to verify the listed credit references and for the bank and trade references listed above to release financial and credit information to HOTELSIGNS.com concerning our account.

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

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Email Address \_\_\_\_\_



We are signs

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OFFICE USE ONLY

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