



Application for Account

Account Number _____

Please print or type the information requested. All information provided herein will be kept confidential.

Business Name:		Business Phone:	
Store Name (if different):		Business Fax Number:	
Bill To Address:	City:	State:	Zip Code:
Ship To Address:	City:	State:	Zip Code:
Form of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other			
Federal Tax ID #		Web Address for Business:	
Nature of Business:	Date Business Established:	Desired Credit Limit:	
Number of Employees:	Projected Sales for This Year:	Sales for Last Year:	
Real Value of Inventory: <input type="checkbox"/> Music <input type="checkbox"/> Books <input type="checkbox"/> Gifts <input type="checkbox"/> Movies <input type="checkbox"/> Other			
Name of Person(s) authorized to make purchases:		E-mail address:	
Proprietor, Partners, Corporate Officers, or Authorized Agents: Name: _____ Title: _____ E-mail address: _____ Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone Number: _____ Social Security Number: _____			
Proprietor, Partners, Corporate Officers, or Authorized Agents: Name: _____ Title: _____ E-mail address: _____ Home Address: _____ City: _____ State: _____ Zip Code: _____ Home Phone Number: _____ Social Security Number: _____			
Business Bank Name:	Business Bank Account #:	Bank Phone #:	
Bank Street Address:	City:	State:	Zip Code:
Please provide at least three of your most frequently used credit references:			
1. _____	Account #: _____	Phone #: _____	
2. _____	Account #: _____	Phone #: _____	
3. _____	Account #: _____	Phone #: _____	
4. _____	Account #: _____	Phone #: _____	
5. _____	Account #: _____	Phone #: _____	
6. _____	Account #: _____	Phone #: _____	

The above information is submitted for the purpose of establishing a trade relationship with Provident Distribution (PD) of Franklin, Tennessee. By signing this application, the applicant agrees that the information provided herein is accurate and represents itself to be solvent. The applicant further authorizes PD to verify this information and obtain additional information from, but not limited to, references and credit reporting agencies. The applicant hereby agrees that all invoices must be paid according to the terms provided on each invoice. To induce prompt payment of purchased product, a minimum late charge of \$1.50 or 1.5% per month (whichever is greater) shall be paid on the amounts past due by the purchaser. Applicant further agrees to pay all collection fees, including court costs and attorney fees, should the account be placed for collection at any time for any reason. PD reserves the right to hold orders on past due or exceeded credit limit accounts. Applicant has read and agrees to the Policies and Procedures of Provident Distribution.

_____ **Authorized Signature** _____ **Title** _____ **Date**