

**TRI-STATE TRANSPORTATION**  
**PARTS & EQUIPMENT**

1420 Stonebrook Ave, Memphis, TN 38116  
901-332-7344  
FAX: 901-332-2732

**APPLICATION FOR CREDIT**

FIRM NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
MAILING ADDRESS (FOR INVOICES) \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLEASE CHECK ONE: INDIVIDUAL (    ) PARTNERSHIP (    ) CORPORATION (    )  
SALES TAX EXEMPTION# \_\_\_\_\_ (IF TAX EXEMPT, PLEASE PROVIDE A COPY OF CERTIFICATE)  
IF INDIVIDUAL OR PARTNERSHIP, DEBTOR'S SOCIAL SECURITY # \_\_\_\_\_  
FOR PARTNERSHIP OR INDIVIDUAL-FULL NAME OF OWNER OR OWNERS \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ DATE STARTED \_\_\_\_\_

ESTIMATED ANNUAL SALES \$ \_\_\_\_\_  
ESTIMATED MONTHLY PURCHASES \_\_\_\_\_  
ARE PURCHASE ORDERS REQUIRED YES \_\_\_ NO \_\_\_

**TRADE REFERENCES**

1. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (    ) \_\_\_\_\_
2. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (    ) \_\_\_\_\_
3. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (    ) \_\_\_\_\_
4. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (    ) \_\_\_\_\_
5. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (    ) \_\_\_\_\_
6. NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (    ) \_\_\_\_\_

**APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES ACCORDANCE WITH TERMS.**

Use of this account constitutes an agreement that the signer and/or his principle agree to pay all collection costs, court costs, and reasonable attorney fees in the event of nonpayment of this account.

FIRM NAME \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_