



# CREDIT APPLICATION

INTERNAL USE ONLY		
<input type="checkbox"/> APPVD	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
Appvd By: _____		
Sales Rep: _____		
Primary SIC: _____		

Individual or  
Company Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing address (If different from above)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Ownership:  Corporation  Partnership  Individual P.O. Required:  YES  NO

Years in Business: \_\_\_\_\_ Years Under Current Ownership: \_\_\_\_\_ Type Of Business: \_\_\_\_\_

If Subsidiary, Name of Parent Company: \_\_\_\_\_

FED I.D. #: \_\_\_\_\_

Tax Status:  Taxable  Tax Exempt Resale #: \_\_\_\_\_

The Following Information will be treated as **HIGHLY CONFIDENTIAL** and is only for the purpose of credit approval:

**PRINCIPAL(S) OR GUARANTOR(S)**

(NAME)	(TITLE/% OWNERSHIP)	(HOME ADDRESS)	(SOCIAL SECURITY #)
(NAME)	(TITLE/% OWNERSHIP)	(HOME ADDRESS)	(SOCIAL SECURITY #)

HAVE PRINCIPAL(S) OR COMPANY FILED FOR BANKRUPTCY IN THE PAST TEN YEARS?  YES  NO

**BUSINESS BANK REFERENCES (2 YEAR HISTORY, PLEASE)**

(BANK NAME)	(PHONE)	(ACCT# / TYPE)	(DATE OPENED)	(CONTACT NAME)
(BANK NAME)	(PHONE)	(ACCT# / TYPE)	(DATE OPENED)	(CONTACT NAME)

**TRADE REFERENCES WHERE CREDIT IS CURRENTLY EXTENDED ON OPEN ACCOUNT**

(COMPANY)	(CITY,STATE)	(PHONE)	(FAX)	(CONTACT NAME)	(ACCT #)
(COMPANY)	(CITY,STATE)	(PHONE)	(FAX)	(CONTACT NAME)	(ACCT #)
(COMPANY)	(CITY,STATE)	(PHONE)	(FAX)	(CONTACT NAME)	(ACCT #)
(COMPANY)	(CITY,STATE)	(PHONE)	(FAX)	(CONTACT NAME)	(ACCT #)
(COMPANY)	(CITY,STATE)	(PHONE)	(FAX)	(CONTACT NAME)	(ACCT #)

**O.G.Hughes & Sons, Inc. TERMS:** NET 30 DAYS following purchase. 1½% service charge per month (\$ .50 minimum) charged on all past due accounts. Annual percentage rate is 18%. Applicant Company agrees to pay all reasonable attorney fees and court costs if legal action is required to collect monies owed for services and materials rendered.

**CREDIT RELEASE and STATEMENT OF UNDERSTANDING**

I, the undersigned, as a duly authorized representative of the applicant company, hereby authorize our banks, trade references, and financial institutions the right to release credit information. I have also read, understand and agree that my company will abide by the terms stated above if credit is approved.

Company: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Fax to: (865)637-1135 or mail to O.G.Hughes & Sons, Inc. P.O.Box 6328 Knoxville TN 37914