



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