	Service Re				
	2375 East Wood St.	• Paris, TN. 382	242		
731-642-6	087 · 731-642-8224 (Fax	•			
	Towens@servicer	entalofparis.net			
CREDIT APPLICATION					
Today's Date:		Date Business Be	gan:		
Company Name:					
Billing Address:					
City:		State and Zip Co	ode:		
Shipping Address:			·		
City:		State and Zip Co	ode:		
Telephone #:		Email Addı	ress:		
FIN or S.S. #:		Type: [] Corp [] Individual [] Partnership		
Tax Exempt #		P.O. Required? [] Yes [] No			
(certificate required):					
0.(()	OFFICERS AND CO				
Officer:		Officer:			
Title:		Title:			
Address:		Address:			
City, State, Zip:		City, State, Zip:			
Telephone #:		Telephone #:			
Social Security #:		Social Security #:			
A/P Contact:		A/P Telephone #:			
	TRADE REF	ERENCES			
Please complete all six r	eferences. For faster service, plea	se provide an email a	address.		
1. Company		2. Company			
name:		name:			
Address:		Address:			
City, State, Zip:		City, State, Zip:			
Phone:		Phone:			
Email Address:		Email Address:			
3. Company name:		 Company name: 			
Address:		Address:			
City, State, Zip:		City, State, Zip:			
Phone:		Phone:			
Email Address:		Email Address:			

5. Company		6. Company	
name:		name:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	
Phone:		Phone:	
Email Address:		Email Address:	
		iuiii) seivice iee it	or all invoices over 30
-	that reach 60 days will auton	•	
days. Accounts	that reach 60 days will auton	•	
-	that reach 60 days will auton	•	
Submitted by:	that reach 60 days will auton	•	