

**BARREN COUNTY BUSINESS SUPPLY, INC.**  
**1-866-9-barren**

**CREDIT APPLICATION**

Please fill out completely and fax to 270-659-9078

**SHIP TO:**

Business Name \_\_\_\_\_ Date Business Established \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**BILL TO:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Type of Business \_\_\_\_\_ Properietorship \_\_\_\_\_  
Corporation \_\_\_\_\_ Partnership \_\_\_\_\_  
Accounts Payable Contact \_\_\_\_\_

**Company Principal (s)**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
S.S.N. \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
S.S.N. \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Trade References**

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_

**Is this account tax exempt?**

If so please attach tax exempt certificate!

Who is your Sales Representative? \_\_\_\_\_

ALL ACCOUNTS ARE NET 30, OFFERING A 1% DISCOUNT IF PAID BY THE 10<sup>TH</sup> OF THE FOLLOWING MONTH. ANY ACCOUNT PAST DUE WILL BE SUBJECT TO A FINANCE CHARGE.

Terms: All unpaid items will bear interest at the maximum legal rate from the 30th day of the first month following delivery or shipment. Title to all merchandise, furniture, and/or equipment remains vested in seller until paid in full. In event that legal action is necessary for collection.

Buyer agrees to pay the reasonable attorney fees of the seller.

I (We) certify that we can and will comply with your terms.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Partner's or Co-applicants Signature \_\_\_\_\_