



210 Wayne Dr.
Mayfield, KY 42066
(270) 247-0585 phone
(270) 964-0001 fax

COMMERCIAL CREDIT APPLICATION

Business Name: _____

Street Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Business Type: [] Proprietorship [] Corporation [] Partnership E-mail address: _____

Delivery Address (if different from above)

Street Address: _____

City, State, Zip: _____

Principal owners/officers

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

Accounts Payable Contact:

Contact Name: _____ Title: _____ Phone: _____

Bank Name: _____ Location: _____ Tax Exempt #: _____

Account #: _____ Phone: _____ Fax: _____

Trade References (minimum of 3 required to process application)

Vendor Name	City	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Payment Options: (Please select an option for each of the following)

Payment option: [] Check [] Credit Card (pre-payment may be required for check payments)

If Credit Card, complete the Credit Card info below

Credit Card Information

Name on card _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Credit Card #: _____ Card Verification # _____ Exp. Date ____/____/____

I hereby represent that I am authorized on behalf of the client named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Premium Wire Co. to investigate the references listed pertaining to credit and financial responsibility. I hereby certify that any false representatives of said information are grounds for Premium Wire Co. to cancel this application. I acknowledge and agree that my account will not become effective until this information is verified and approved.

Signature _____ Date: _____