

APPLICATION FOR CREDIT  
**LIVINGSTON RENTAL CENTER**

501 West Main St.  
Livingston, TN 38570

Phone:931-823-6441  
FAX:931-823-6442

NAME OF FIRM OR INDIVIDUAL \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ YEARS AT THIS ADDRESS \_\_\_\_\_

SS# / FEDERAL ID# \_\_\_\_\_ RESALE# \_\_\_\_\_ (AREA CODE) PHONE \_\_\_\_\_

**OWNERSHIP** The following information must be provided:  
(For businesses only)       Corporation       Partnership       Individual

1. \_\_\_\_\_  
NAME(S) OF PRINCIPAL(S)      COMPLETE ADDRESS      ZIP CODE      (AREA CODE)      PHONE

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**FINANCE**

1. \_\_\_\_\_  
BANK NAME      BRANCH ADDRESS

ACCOUNT OFFICER/CONTACT PERSON \_\_\_\_\_ (AREA CODE) PHONE \_\_\_\_\_

**CREDIT REFERENCES**

1. \_\_\_\_\_  
BUSINESS NAME      COMPLETE ADDRESS      ZIP CODE      (AREA CODE)      PHONE

2. \_\_\_\_\_

3. \_\_\_\_\_

**TERMS: NET BY THE 10TH OF THE FOLLOWING MONTH FROM DATE OF INVOICE**

**NOTICE:** Upon approval of credit, I/We agree to pay in full and in accordance with terms of payment indicated on this credit application. If payment is not made in accordance with said terms, I/We agree to pay in full any and all attorney fees, collection fees or court costs involved in the collection of any and all outstanding purchases. I/We authorize my/our bank or other such agency with whom I/We have had credit dealings to release credit and/or financial information. I/We certify that all the information on this form is true and correct.

AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**VERIFICATION**

PLEASE DO NOT WRITE IN SPACE BELOW

DATE SUBMITTED \_\_\_\_\_ VERIFICATION DATE \_\_\_\_\_

REFERENCES CHECKED BY \_\_\_\_\_

REFERENCE RESULTS \_\_\_\_\_

OTHER \_\_\_\_\_

CREDIT APPROVED BY \_\_\_\_\_

CREDIT REFUSED BY \_\_\_\_\_