



Corporate Office
4784 Getwell Road
Memphis, TN 38118
(901) 375-4197
(800) 456-0592
(901) 507-9143 FAX

Credit Application

Salesman Name: _____ Amount Requested: _____

Date: _____ New Account Update

Legal Company Name: _____

Trade Name or d/b/a: _____

Address: _____ Business Phone: _____

City, State, Zip: _____ Cellular Phone: _____

Fax: _____

Federal Tax ID #: _____ Social Security #: _____ Date Established: ___/___/___

Website Address: _____

Type of Business: Corporation Sole Proprietorship Partnership LLC State of Incorporation: _____

Accounts Payable Contact: _____

Phone: _____ EMAIL: _____

Purchasing Contact: _____

Phone: _____ EMAIL: _____

Authorized Purchasers: _____

Name and Title of Registered Agent: _____

Address: _____

Officer(s)/Owner(s):

Name: _____ Title: _____

Name: _____ Title: _____

Are you sales tax Exempt YES NO Sales Tax Number (Please attach certificate) _____

Have you ever been bankrupt or had liens or judgments filed against you? YES NO

If so, give details and date: _____

Have you ever had credit with us before? YES NO

If so, under what name? _____

Banking Information

Bank Name: _____ Phone# _____

Address: _____ Checking Account# _____

Savings Account# _____

Bank Name: _____ Phone# _____

Address: _____ Checking Account# _____

Savings Account# _____

Trade References

Reference #1 Name: _____ Account# _____
Address: _____ Phone# _____
_____ Fax# _____

Reference #2 Name: _____ Account# _____
Address: _____ Phone# _____
_____ Fax# _____

Reference #3 Name: _____ Account# _____
Address: _____ Phone# _____
_____ Fax# _____

Reference #4 Name: _____ Account# _____
Address: _____ Phone# _____
_____ Fax# _____

General Terms and Conditions

I/We hereby apply for credit from Pyramid Interiors Distributors, Inc. with the understanding that:

1. The monthly billing cutoff date is the 25th. Payment terms are 1% 10th, net 25th.
2. Failure to pay within terms will result in interest charged at 1.5% per month.
3. Delinquent accounts past 61 days will be cut off until the delinquent balance is paid.
4. Information contained in this application is true and accurate.
5. It is agreed that if this account must be turned over to an attorney or a collection agency, or if collection is made through bankruptcy or probate court proceedings, I/we are responsible for all attorney fees and Court costs.

Applicant's Name: _____ Witnessed By: _____

Applicant's Signature: _____

Principal/Owner's Personal Guaranty

The undersigned individually, jointly and severally and unconditionally guarantee the payment of all their obligations to Pyramid Interiors Distributors. The undersigned personal guarantor, recognizing that his or her individual credit history may be a necessary factor in the evaluation of this personal guaranty, hereby consents to and authorizes the use of a consumer credit report on the undersigned, by Pyramid Interiors Distributors from time to time as may be needed in the credit evaluation process.

Principal/Owner:

1. Signed: _____ Social Security Number: _____ Date: ____/____/____
2. Signed: _____ Social Security Number: _____ Date: ____/____/____
3. Signed: _____ Social Security Number: _____ Date: ____/____/____

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800-456-0592

61 Mill Masters Dr.
Jackson, TN 38305
731-668-1221
800-681-9343

41 Collins Industrial Place
N. Little Rock, AR 72113
P.O. Box 13991
Maumelle, AR 72113
501-801-0350
866-808-9873

34 Old Hwy. 49 Ext.
Flowood, MS 39232
P.O. Box 320789
Flowood, MS 39232
601-664-0625
877-664-0625