



5002 US Hwy 411 South Maryville, TN 37801  
Office: 865.856.3066 | Fax: 865.856.6833  
[www.GildedMirrorsInc.com](http://www.GildedMirrorsInc.com)

## CREDIT APPLICATION

Please fill out completely and for questions not applicable use "N/A". Please return via email to Sheila Pratt ([Sheila@GildedMirrorsInc.com](mailto:Sheila@GildedMirrorsInc.com)) or via fax (865.856.6833).

### BUSINESS INFORMATION

FEIN # \_\_\_\_\_ DUNS # \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Shipping Address (if different) \_\_\_\_\_

Business Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Business Description \_\_\_\_\_ Date Established \_\_\_\_\_

Former Business Name(s) \_\_\_\_\_

Former Business Address(es) \_\_\_\_\_

Number of full-time employees \_\_\_\_\_ Have you purchased in the past? \_\_\_\_\_ If "yes", when \_\_\_\_\_

Principal Owners/Officers:

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Sales Tax Exempt? \_\_\_\_\_ \*\*\* If "yes", **SUBMIT CERTIFICATE OF RESALE WITH APPLICATION** \*\*\*

Purchasing Agent:

Name \_\_\_\_\_ Email \_\_\_\_\_

Accounts Payable Agent:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

**CREDIT LIMIT REQUEST** \$ \_\_\_\_\_

**TRADE REFERENCES**

Must provide three current trade references -- no exceptions will be accepted

1. \_\_\_\_\_

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Email Address \_\_\_\_\_

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

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Email Address \_\_\_\_\_

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

Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Email Address \_\_\_\_\_

**BANK REFERENCE**

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact and Phone \_\_\_\_\_

Account # \_\_\_\_\_

Authorization: We \_\_\_\_\_ by \_\_\_\_\_ authorize  
(Company Name) (Your Name)  
the above bank to release credit information to Gilded Mirrors or our credit insurer.

**ACKNOWLEDGEMENT**

We the undersigned certify that the information contained herein is accurate and if credit is extended under this application, agree to the following:

- \* To pay balances due per the payment terms as noted within the Gilded Mirrors invoice;
- \* For balances not paid within terms, the current monthly service charge will be added to the balance due;
- \* In the event of payment default, to pay all costs associated with collection including attorney fees; and
- \* To immediately report any changes in business ownership or officers.

**Signed by** \_\_\_\_\_ **Date** \_\_\_\_\_ **Title** \_\_\_\_\_

**Witness** \_\_\_\_\_ **Date** \_\_\_\_\_ **Title** \_\_\_\_\_