



NEW ACCOUNT APPLICATION
CONFIDENTIAL



P.O. Box 199 Tazewell, TN 37879

Telephone (423) 626-1111

Fax (423) 626-8346

- For Office Use Only -

| Rating | Acct. # | Rep. # | Zone |
|---------|---------|--------|------|
| D. & B. | | | |
| PAR | | | |
| LYONS | | | |

(Attach to opening order or mail to Credit Dept.)

RETAILER DATA

Legal Name of Business: _____ Today's Date: _____

Trade Name (DBA): _____ Phone No.: _____

Email Address: _____ Fax No.: _____

"Bill TO" Address: _____ Brooks Rep.: _____

City: _____ State: _____ Zip: _____

"Ship TO" Address: _____

City: _____ State: _____ Zip: _____

Special Instructions to be entered on Account Records:

**Principals
&
Buyers**

Name: _____ Title: _____

Name: _____ Title: _____

(Check person to receive important *BROOKS* mailings)

FINANCIAL INFORMATION

THE BUSINESS IS A:

- Corporation
- Partnership
- Proprietorship

FINANCIAL STATEMENT:

- Eclosed
- To be mailed under separate cover
- Available on written request
- Not available

BANK REFERENCE:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Contact: _____

Company's annual sales volume is: \$ _____ Date Business was established _____

Former Business Names and/or Locations: _____

Opening order is: \$ _____ and date shipment is requested: _____

Once established, a typical order for this business would be: \$ _____

(Please See Other Side)

TRADE REFERENCES

Please list five (5) Trade References with full addresses & phone numbers

1. SUPPLIER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
FAX: _____ PHONE: _____
CONTACT: _____ ACCOUNT #: _____

2. SUPPLIER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
FAX: _____ PHONE: _____
CONTACT: _____ ACCOUNT #: _____

3. SUPPLIER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
FAX: _____ PHONE: _____
CONTACT: _____ ACCOUNT #: _____

4. SUPPLIER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
FAX: _____ PHONE: _____
CONTACT: _____ ACCOUNT #: _____

5. SUPPLIER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP _____
FAX: _____ PHONE: _____
CONTACT: _____ ACCOUNT #: _____

ADDITONAL INFORMATION

Please list below any other information which affects this credit application:

I understand that the above information is for the purpose of obtaining credit from Brooks Furniture Mfg., and I attest to the accuracy of the above information. I realize that both business and personal history may be investigated and I also agree to pay late charges of 1 1/2% per month - 18% per annum.

Customer Signature

Date