



CNI DISTRIBUTION

5584 Mt. View Road
 Nashville, TN 37013-2311
 (615) 641-5550 * Fax (615) 641-5566

ACCT. NO.

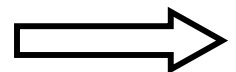
CREDIT APPLICATION

****CONFIDENTIAL****

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BUSINESS INFORMATION: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			
Company Name:		Contact Name:	
Address:		Accts Payable:	
City:	State:	Zip:	Buyer: Backorders: <input type="checkbox"/> YES <input type="checkbox"/> NO
Phone ()	Fax ()	Store Hours: M T W T F S S _____ to _____	
Date Business Established	Resale Tax or Permit No	Purchase Order No. Required? Yes No	Est. Monthly Credit Requirements \$
OWNER INFORMATION: IF A CORPORATION, PLEASE STATE PRINCIPALS			
President / Owner:		Phone: ()	
Home Address:		SS#:	
City:	State:	Zip:	V/P Partner:
♦ BANKING INFORMATION ♦			
Bank Name:		Contact:	
Address		City	State Zip Phone ()
Checking Acct. #	Savings Acct. #	Loan (Secured or Unsecured) Acct. #	Phone Number:
♦ BUSINESS REFERENCES ♦			
Name		Contact	Account No.
Address		City	State Zip Phone / Fax
Name		Contact	Account No.
Address		City	State Zip Phone / Fax
♦ PERSONAL REFERENCE ♦			
Name		Occupation:	Phone
Address		City	State Zip

CONTINUED...





**CREDIT APPLICATION
PAYMENT GUARANTEE
* CONFIDENTIAL *
Return to CNI
Credit Approval Department
(615) 641-5550 ♦ fax (615) 641-5566**

CNI ONLY	
Acct. No.	
Credit Limit & Terms	
Date:	Approval

(SUBMIT THIS COMPLETED PAGE WITH COMPANY CREDIT SHEET)
(ALL AREAS WITH AN **X** MUST BE FILLED OUT COMPLETELY)

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♦ CONDITIONS of SALE and TERMS of PAYMENT ♦

In consideration for any extension of credit, purchaser agrees to the terms and conditions of sale set forth on each invoice and in the CNI policy manual. Purchaser also agrees to pay a service charge of one and one-half (1½) percent per month (or the maximum allowable contract rate under state statutes) computed on the unpaid delinquent balance until the account is paid in full. Purchaser also agrees to pay a credit card processing fee (which is the greater of \$7.50 or 3% of the total past due balance) for all payments made by credit card after the account due date. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection. The undersigned official hereby attests to the accuracy of the above information to the best of his ability, and guarantees the company's credit and financial ability to meet these commitments.

COMPANY **X** _____

By **X** _____ Title _____ Date ____/____/____
(Signature) (Authorized Agent)

In consideration of your extending credit to the above named applicant, we guarantee payment of all invoices, legal fees and collection costs that may be incurred by said applicant until such time as you receive notice of cancellation of this guarantee by registered or certified mail, return receipt requested.

We authorize CNI to access our consumer credit reports in connection with this guarantee.

We hereby consent to and waiver notice of any extension or extensions of time of payment, by acceptance of notes or otherwise.

We understand that this guarantee is one of payment, not of collection.

Guarantor: **X** _____ Date ____/____/____
(Signature) (Print Name)

Residence Address: **X** _____

Soc. Sec. No.: **X** _____ - _____ - _____

Guarantor: _____
(Signature) (Print Name)

Residence Address: _____

Soc. Sec. No.: _____ - _____ - _____

Witness: **X** _____ Print Name: _____

Address: _____

Note: Allow a week to 10 days for credit evaluation.
ALL applications must have an authorized signature as guarantor.