



# Credit Application

A **NUCOR** Company

Send to: Credit Dept., P.O. Box 390, Portland, TN 37148 • (615) 325-4165 ext 2351 • Fax (877) 878-2180

Name of Firm \_\_\_\_\_

Type of Business  Sole Ownership  Partnership  Corporation or Ltd. Co.  Subsidiary of: \_\_\_\_\_

Street Address \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Date Business Started: \_\_\_\_\_ Contractor's License No: \_\_\_\_\_ State \_\_\_\_\_

Resale Exemption No. \_\_\_\_\_

**Owners, Principal Partners', Officers' Names, Addresses and Phone Numbers:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Person to Contact Regarding Accounts Payable \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**TRADE REFERENCES: (Please furnish all information requested)**

Company Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

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Attached is a copy of our most recent Corporate Financial Statement dated \_\_\_\_\_

Attached is a copy of our most recent Personal Financial Statement dated \_\_\_\_\_

**NOTE: FINANCIALS ARE REQUIRED FOR TERMS OTHER THAN BELOW**

**STANDARD KIRBY TERMS ARE 10% DOWN PAYMENT, BALANCE C.O.D., CASHIER'S CHECK**

Variance to these terms may be made predicated upon receipt of requested documents and information. If open terms are given, invoices not paid within thirty (30) days are subject to a (1.1/2%) service charge or the maximum allowable rate in your jurisdiction. If suit is instituted to collect this account or any portion thereof, I (We) agree to pay, in addition to the costs and disbursements as are allowed by law, such additional sums as the court may judge reasonable as attorney's fees in such a suit.

**Kirby Building Systems, is hereby authorized to obtain credit information without prejudice from the aforementioned references.**

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_