



Music City Courier

# CREDIT APPLICATION

## ***SERVICE ADDRESS***

Company Name:

Address:

City:

Phone:

State:

Fax

Zip:

Email Address:

## ***BILLING ADDRESS: (IF DIFFERENT)***

Company Name:

Address:

City:

Phone:

State:

Fax

Zip:

Email Address:

## ***COMPANY INFORMATION***

Do you require a billing reference?

Yes  No

Type of business:

Sole Ownership

Partnership

If yes, what type of # is required?

How Long?

Corporation

Principal Owner:

Title:

## ***BANK INFORMATION***

Bank Name:

Address:

Bank Phone:

Contact:

## ***TRADE REFERENCES***

Company Name:

Address:

Company Name:

Address:

Company Name:

Address:

Account #:

Phone #:

Account #:

Phone #:

Account #:

Phone #:

**MUSIC CITY COURIER WILL NOT BE RESPONSIBLE FOR ANY ITEM NOT DECLARED AT THE TIME THE ORDER IS PLACED. OUR LIMIT OF LIABILITY PER DELIVERY IS \$100.00 (The above information is submitted for the purpose of opening an account of which payment is guaranteed by the undersigned.)**

Signed:

Date:

Title:

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