



Commercial Account Credit Application
 6915 Office Park Circle
 Knoxville, TN 37909
 865-249-7382

Business Contact Information

Company Name _____
 Contact Name _____
 Contact Title _____
 Contact Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Fax _____ E-Mail _____
 Date Business Established _____
 Business Type (Circle One) Corporation Partnership Sole Proprietorship Other

Billing/Payables Contact Information

Contact Name _____
 Contact Title _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Fax _____ E-Mail _____

Credit Information

Registered Company Address _____
 City _____ State _____ Zip Code _____
 How long at current address? _____
 Telephone _____ Fax _____ E-Mail _____
 Bank Name _____
 Bank Contact _____
 Bank Address _____
 City _____ State _____ Zip Code _____
 Owner Name _____
 Address _____
 City _____ State _____ Zip Code _____

Trade References (2 Required)

Company _____
 Contact _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Fax _____ E-Mail _____

Company _____
 Contact _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Fax _____ E-Mail _____

Agreement

1. All invoices are to be paid net 30 days from date of invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Master Battery, LLC to make inquiries into the banking and trade references you have supplied.

Signed _____ Title _____ Date _____