



Highline Warren LLC
4500 Malone Rd Suite 1
Memphis, TN 38118
Fax 1-901-453-3555
credit@highlinewarren.com

Applicant: Please read the following before completing this form. Applicant represents that the information given in this application is complete and accurate and authorizes Highline Warren LLC ("Seller") or its authorized credit agent to check with credit reporting agencies, credit references, and other sources, including banks, Seller deems appropriate in considering this application and subsequently for any legal purpose. READ THE AGREEMENT AND SIGN THE "SIGNATURE" SECTION BEFORE SUBMITTING THIS APPLICATION. Please include a current Resale Certificate.

BILL TO NAME _____ TYPE OF BUSINESS ____ Aftermarket ____ Installer ____ Retail
DBA _____ AFFILIATION _____
ADDRESS _____ STATE INCORPORATED IN _____ Years Established _____

TYPE OF OWNERSHIP ☐ Partnership ☐ Individual ☐ Corporation
SHIP TO NAME (if different) _____ NUMBER OF LOCATIONS _____
ADDRESS _____ PARENT COMPANY _____

AMOUNT OF CREDIT REQUESTED \$ _____
PHONE NUMBER _____
BUYER'S NAME _____ FAX NUMBER _____
E-MAIL _____ WEB ADDRESS _____
TAX EXEMPT? ☐ Yes ☐ No (Tax will continue to be charged on all invoices until the resale certificate is received) TAX EXEMPT # _____

ACCOUNTS PAYABLE INFORMATION

CONTACT PERSON _____ PHONE # _____ FAX # _____
E-MAIL ADDRESS _____ FEDERAL ID# _____

LIST OF OFFICERS

PRINT NAME	ADDRESS	TITLE
PRINT NAME	ADDRESS	TITLE

VENDOR REFERENCES

1. NAME _____ ACCT # _____
CITY/STATE _____ PHONE # _____ FAX # _____
2. NAME _____ ACCT # _____
CITY/STATE _____ PHONE # _____ FAX # _____
3. NAME _____ ACCT # _____
CITY/STATE _____ PHONE # _____ FAX # _____

BANK REFERENCE

NAME OF BANK	ADDRESS	CITY	STATE	ZIP
PHONE NUMBER OPENED	FAX NUMBER	ACCOUNT NUMBER	DATE ACCT.	

The undersigned confirms that the above information is true and accurate and hereby authorizes Highline Warren LLC (Company) to obtain credit and/or financial information from the name and references listed above. If given open terms of credit with Company, the undersigned company promises to pay for all purchases in accordance with Company terms. If not a corporation, the undersigned company/owner personally guarantees payment of all invoices. If at any time the undersigned company is unable to meet its financial obligations with Company, the undersigned agrees to pay for legal, court or any other fees necessary to collect unpaid invoices. A Service Charge of \$30.00 will be applied for all returned checks and a 25% Collection Fee will be added to any account placed with an outside collection agency.

COMPANY NAME _____ AUTHORIZED SIGNATURE _____
PRINT NAME _____ TITLE _____ DATE _____