



All Fast LLC
 2835 Farrisview Rd
 Memphis, TN 38118
AR@afnails.com
 901.249.7887

Date	_____
Sales #	_____
Date Opened	_____
CL \$	_____
Approved	_____
Customer#	_____
Std Sell Price	_____

Credit Application

1. Company Information

Full Legal Name/Business Entity	Phone #	Fax #	
Shipping Address	City	State	Zip
Billing Address	City	State	Zip
Company Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Franchise <input type="checkbox"/> Corporation <input type="checkbox"/> Other:			
No. of Employees	Year Business Established	Annual Sales	Type of Business
Tax Exempt # (signed tax certificate must accompany this application)		Federal Tax ID (If Incorporated)	
E-Mail Address(es):		Website:	

2. Owner Information

Full Name (including middle initial)	Title	Social Security #		
Home Address	City	State	Zip	Phone #

3. Purchasing Information

Do you require Purchase Order numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No	AP Email address (for invoices & statements to be sent to)
Do purchases need to be authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	It is the responsibility of the customer to notify All Fast LLC. of any changes to the list of authorized people to charge.
Authorized person(s) to charge	

5. Trade Credit References

Company Name	Contact	Fax#		
Address	City	State	Zip	Phone #
Company Name	Contact	Fax#		
Address	City	State	Zip	Phone #
Company Name	Contact	Fax#		
Address	City	State	Zip	Phone #

