



FOX & PHOENIX PROFESSIONAL SERVICES

P.O. Box 817, Hixson, TN 37343

PHONE: (423) 876-9982

WWW.FOXANDPHOENIXPS.COM

CREDIT APPLICATION

COMPANY NAME: _____

BILLING ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP CODE:** _____

SHIPPING ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP CODE:** _____

SHIPPING ADDRESS TYPE: **BUSINESS** **RESIDENTIAL**

BUSINESS PHONE #: _____ **BUSINESS FAX #:** _____

WEBSITE ADDRESS: _____

FEDERAL TAX ID #: _____ **TAXABLE:** **YES*** **NO**
*IF YES, A TAX EXEMPT CERTIFICATE MUST BE RETURNED WITH CREDIT APPLICATION OR APPLICABLE TAX WILL BE BILLED ACCORDINGLY

ACCOUNTS PAYABLE CONTACT: _____ **EMAIL:** _____

PHONE #: _____ **FAX #:** _____

PREFERRED INVOICING METHOD: **FAX** **MAIL** **E-MAIL**

PREFERRED PAYMENT METHOD: **ACH*** **CREDIT CARD**** **CHECK**

* PLEASE SEE OUR ACH BANKING INFO ON PAGE 3.

** WE ACCEPT ALL MAJOR CREDIT CARDS. PLEASE PROVIDE CREDIT CARD ACCOUNT INFO BELOW.

CARDHOLDER: _____ **BILLING ADDRESS #:** _____
(EXACT ADDRESS AS PRINTED ON CREDIT CARD BILL)

CARD #: _____ **EXP. DATE:** _____ **SECURITY CODE:** _____

EMAIL ADDRESS OR FAX # FOR CREDIT CARD RECEIPTS: _____



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BANK INFORMATION

BANK NAME: _____ **ACCOUNT #:** _____

BANK ADDRESS: _____

PHONE #: _____ **FAX #:** _____

CONTACT NAME: _____ **EMAIL:** _____

BUSINESS REFERENCES

COMPANY: _____ **PHONE #:** _____

ADDRESS: _____

CONTACT: _____ **EMAIL:** _____

COMPANY: _____ **PHONE #:** _____

ADDRESS: _____

CONTACT: _____ **EMAIL:** _____

COMPANY: _____ **PHONE #:** _____

ADDRESS: _____

CONTACT: _____ **EMAIL:** _____



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FOX & PHOENIX **EFT/ACH PAYMENT INFORMATION**

LISTED BELOW IS OUR ELECTRONIC PAYMENT ACCOUNT INFORMATION FOR ALL ELECTRONIC PAYMENTS TO FOX & PHOENIX PROFESSIONAL SERVICES. PLEASE BE SURE TO LIST THE INVOICE NUMBERS FOR ALL INVOICES TO BE PAID ELECTRONICALLY AND SEND REMITTANCE ADVICE TO:
AMANDA@FOXANDPHOENIXPS.COM

ROUTING #: 084307033

ACCOUNT #: 88624325

**FIRSTBANK
1959 NORTHPOINT BLVD.
HIXSON, TN 37343**

**CONTACT: CINDY WHITWORTH
OFFICE: (423) 876-7650
FAX: (423) 876-0392**

WE APPRECIATE YOUR BUSINESS AND THANK YOU FOR YOUR COOPERATION IN THIS MATTER.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FOX & PHOENIX AT (423) 876-9982 AND ASK FOR AMANDA THEOBALD.

WE CAN ALSO BE CONTACTED BY EMAIL AT: AMANDA@FOXANDPHOENIXPS.COM

SINCERELY,

**AMANDA THEOBALD
OWNER**



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TERMS:

NET 15 DAYS FROM INVOICE DATE. ACCOUNTS NOT PAID WITHIN TERMS ARE CONSIDERED DELINQUENT. FINANCE CHARGE OF 1.5% PER MONTH (OR MAXIMUM AMOUNT ALLOWED BY LAW) IS ASSESSED ON ALL DELINQUENT ACCOUNTS. NO SHIPMENTS WILL BE MADE ON DELINQUENT ACCOUNTS.

RETURNS:

ALL MATERIALS RETURNED FOR CREDIT MUST BE WITH PRIOR APPROVAL AND SHALL BE SUBJECT TO A NORMAL RESTOCKING CHARGE.

DELINQUENCY CHARGE/CREDIT DISCLOSURE:

UPON APPROVAL OF CREDIT, I AGREE TO PAY IN FULL AND IN ACCORDANCE WITH THE TERMS OF SALE AS INDICATED ON FOX & PHOENIX PROFESSIONAL SERVICES' INVOICES. IF MY ACCOUNT IS NOT PAID WITHIN TERMS, I AGREE TO PAY A DELINQUENCY CHARGE ON ANY PAST DUE BALANCE, WHICH I UNDERSTAND REPRESENTS A REASONABLE ENDEAVOR TO DETERMINE FOX & PHOENIX PROFESSIONAL SERVICES' COST OF HANDLING SUCH DELINQUENT BALANCES. I AGREE TO PAY ANY REASONABLE ATTORNEY FEES OR ANY OTHER COLLECTION COSTS INCURRED WITH THE COLLECTION OF MY ACCOUNT, IF NECESSARY. I AUTHORIZE MY BANK OR ANY OTHER AGENCY(S) WITH WHICH I HAVE CREDIT DEALINGS TO RELEASE CREDIT AND FINANCIAL INFORMATION TO FOX & PHOENIX PROFESSIONAL SERVICES, IN SUPPORT OF THIS APPLICATION. I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS APPLICATION.

CUSTOMER SIGNATURE: _____ TITLE: _____

DATE: _____

***** THIS PAGE MUST BE SIGNED AND DATED EVEN IF YOU PROVIDE YOUR OWN TRADE REFERENCE SHEET *****

EMAIL THIS COMPLETED APPLICATION TO: AMANDA@FOXANDPHOENIXPS.COM

WE THANK YOU FOR YOUR BUSINESS!