

TEVET LLC  
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## BUSINESS CREDIT APPLICATION

<b>LESSEE</b>	Legal Business Name	Contact	Phone No.
Trade Name (If Applicable)			
Business Street Address/City/State/Zip Code			
E-Mail Address			
Type of Business			
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Corporation (State Incorporated) _____ <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> State or Local Government			

### Company Bank References

Name of Bank/Branch	How Long?	C/A# Loan #	Telephone #	Fax #	Contact Person

### Trade References

Name of Supplier	Address	City/State	Telephone #	Fax #	Contact Person

Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you, to whom this application is made, or your agents or assigns, to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation and/or extension of the business credit requested, but also for purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as may be needed from time to time. Each individual signing below further waives any right or claim, which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

All approvals are subject to the verification of time in business and a complete description of the equipment.

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Signature Signer's Printed Name

X \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Signature Signer's Printed Name