



Credit Application
RETURN FAX: 615-271-2438

Credit Application (To be completed by Customer):

Company name: _____

Billing Address: _____

Phone#: _____ Fax #: _____

MC# _____ FID # _____

BILLING METHOD (Please check one option to indicate how you would like to receive your invoices.)

Email _____ Fax _____ Mail _____

Email address for billing: _____

CUSTOMER SIC CODE (PLEASE SELECT FROM LIST):

- ___ 3310 /3312 STEEL WORKS
- ___ 3317 STEEL PIPE
- ___ 3320 IRON& STEEL FOUNDRIES
- ___ 4210 TRUCKING/COURIER
- ___ 4213 TRUCKING (NO LOCAL)
- ___ 4220 PUBLIC WAEHOUSING/STORAGE
- ___ 4231 TERMINAL MAINTENANCE FACILITIES FOR MOTOR FREIGHT
- ___ 4700 TRANSPORTATION SERVICICES
- ___ 4731 ARRANGEMENT OF TRANSPORTATION OF FREIGHT & CARGO

Contact person: _____

Customer Signature: _____

Printed Name: _____

Title _____ Date: _____

****By signing, you authorize Tennessee Steel Haulers to obtain credit information. Tennessee Steel Haulers does not discriminate against race, gender, or age when considering credit extension. Payment terms are net 30. Applicants must meet the credit terms and conditions of Tennessee Steel Haulers. Customer agrees to be responsible for all collection fees if applicable.***

**** IMAGED COPIES OF PROOF OF DELIVERY AND/OR BILLS OF LADING WILL BE PROVIDED WITH INVOICE. NO ORIGINALS WILL BE PROVIDED***

Status Determination (To be completed by TSH Credit Department):

Approved _____ Denied _____

Credit Limit: \$ _____ Reviewed by: _____