

Eminence Speaker LLC

Fax: 502-845-5653

838 Mulberry Pike, P.O. Box 360, Eminence KY 40019

BUSINESS CREDIT APPLICATION

Bu	siness Name:		Year Est.:		
Str	eet Address:				
				Contact:	
				Email:	
Type of Business: Sole Proprietor_			Partnership	Corporation	
Re	sale Tax Certifica	te No.:			(Attach copy and return with application)
				RADE REFERENC	
	*** Emi	nence <u>cannot</u> proce	ess this app	olication without a fa	ax number for each trade reference. ***
1)	Name:				Account No:
			Fax No. (must have):		
2)	Name:				Account No:
	Phone No:			Fax No. (must have):
3)	Name:				Account No:
	Phone No:			Fax No. (must have):
4)	Name:				Account No:
	Phone No:			Fax No. (must have):
5)	Name:				Account No:
	Phone No:			Fax No. (must have):
6)	Name:				Account No:
	Phone No:			Fax No. (must have):

Title:_____ Date:____