

Line of Credit requested: \$ 200,000 Estimated Monthly Volume: \$ 100,000

**General Business Information**

Legal/Registered Name of Business: University of Tennessee

Db/a (if applicable): \_\_\_\_\_

Mailing Address: 1331 Circle Park Drive

City: Knoxville State: TN Zip Code: 37916

Billing Address (if different): \_\_\_\_\_

Shipping Address (if different): 3303 Sutherland Knoxville TN 37919

A/P Contact: David Miller eMail: utccesu@uta.com Phone: 865-264-0072

P.O. Number Required: Yes/No How long in business as this company? 1794

Legal form of Business: ~~Corporation~~  Partnership  Sole Proprietor  Holding Co  LLC

If individual: SS# \_\_\_\_\_ or Federal Tax #: 62-6001636

If you are a Subsidiary, please provide name and address of parent company: \_\_\_\_\_

State of Incorporation (if applicable): \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

To be eligible for a tax exemption, an Idaho Form ST-101 must be completed and submitted.

The form can be found at this web address: <https://tax.idaho.gov/i-1118.cfm>

Company's area of business/aviation:

~~Owner/Operator~~  Charter  Other \_\_\_\_\_

~~Service/Repair~~  Management  Aircraft N# \_\_\_\_\_ (if available)



Ownership Details

Joel Summs 865 264 0072

**Principals**

Name: David Miller Title: Manager  
 Address: 407 Junior Street, Bishop TX 78601  
 Phone #: 865 264 0072 eMail: utk.edu@usa.com

Name: Caron Shadle Title: Partner  
 Address: 928 Main Street, Cyleas PA 17048  
 Phone #: 865 264 1581 eMail: utk.edu@usa.com

Previous employment/business and address if less than two years: \_\_\_\_\_

Have any of the owners or previous companies, now or within the last seven (7) years been in bankruptcy proceedings? (Chapter 7, 11, or 13)? If so, please provide details:  
no

Banking Reference(s):

Bank Name: CHASE BANK Account#: 629580558  
 Contact Name: \_\_\_\_\_ eMail: \_\_\_\_\_  
 Address: 321 Westwood Dr, Knoxville TN 37919  
 Fax#: \_\_\_\_\_ Phone#: 865 249 6389

Industry Trade References: (Please list closely related references to substantiate credit requested)

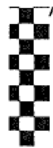
Company 1: Spring Valley Medical Account#: 50102812  
 Address: 5000 S Rainbow Blvd, Las Vegas NV 89118  
 Contact Name: Joseph Mount eMail: account@springvalleymedical.com  
 Fax#: \_\_\_\_\_ Phone#: 702 200 6999

Company 2: Applied Products Account#: 78630124  
 Address: 8035 Baker Rd, Minnetonka MN 55345  
 Contact Name: Patrick Wilson eMail: purchasing@appliedproducts.net  
 Fax#: 952 222 1993 Phone#: 952 333 0968

Company 3: Intelligent Life Account#: 4809463  
 Address: 508 N Rainbow, Las Vegas NV 89107  
 Contact Name: Danny Smith eMail: info@intelligent-life.com  
 Fax#: \_\_\_\_\_ Phone#: 702 758 8117

Patrick

emailed



# FAX COVER SHEET

[REDACTED]

COMPANY

[REDACTED]

FROM David Miller  
DATE 2020-10-09 00:17:07 GMT  
RE NEWACCOUNT

## COVER MESSAGE

Hello,  
Kindly see filled up credit application, get back to us with approval.  
David Miller  
Purchasing Department,

The University of Tennessee  
1331 Circle Park Drive  
Knoxville, TN 37916-3801  
Tel:865-264-0072  
Fax:865 351 4416  
utkedu@usa.com