

# CREDIT APPLICATION

The following information is submitted for your consideration as a basis for extension of credit to us:

1. Legal Name of Firm or Corporation \_\_\_\_\_

2. Billing Address \_\_\_\_\_

3. Shipping Address (if different from billing address) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Check one:  Corporation\*  Partnership  Sole Owner/Proprietorship

\*If a Corporation, please complete Page 2 of this application

5. Nature of Business: \_\_\_\_\_

6. Resale Tax Number: \_\_\_\_\_ State \_\_\_\_\_

7. Federal I.D. No. \_\_\_\_\_ We have been established for \_\_\_\_\_ years

8. We require purchase orders for all transactions:  Yes  No

9. Individual to contact regarding bookkeeping questions \_\_\_\_\_

10. The following are three trade references that we are presently doing business with:

(NOTE: Please furnish complete Street Address, City, State, Zip)

(Company Name)	(Street Address)	(City, State, Zip)	(Phone)
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(Company Name)	(Street Address)	(City, State, Zip)	(Phone)
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(Company Name)	(Street Address)	(City, State, Zip)	(Phone)
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We bank at: (NOTE: Please furnish complete Street Address, City, State, Zip)

Account # \_\_\_\_\_

(Bank Name)	(Street Address)	(City, State, Zip)	(Phone)
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Account # \_\_\_\_\_

(Bank Name)	(Street Address)	(City, State, Zip)	(Phone)
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11. All accounts are due and payable within 30 days from the date of invoice. Interest at the rate of 1 ½% per month plus a service charge will be charged each month on all past due accounts. Should it be necessary to employ an attorney to effect collection, applicant agrees to pay your costs and reasonable attorney fees. In any litigation, the laws of the State of Florida shall govern and jurisdiction shall be exclusively in the courts of the County of Dade, State of Florida.

Date: \_\_\_\_\_

Signed by: \_\_\_\_\_

