



932 East Main Street
Leesburg, FL 34748
1-866-363-8761
Tel: 352-787-2551
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CONFIDENTIAL CREDIT APPLICATION (Be sure to fill out both pages completely)

FIRM NAME _____

Billing Address _____

Shipping Address _____

Phone number (____) _____ Fax number (____) _____

Other Trade Names _____

Locations of other branches _____

What type of business _____

Is Your Business: (Check One) ___ Individually Owned ___ Partnership ___ Corporation

OWNER/PARTNERS/REGISTERED AGENT: (Must list at least one)

Name _____

Name _____

Home Address _____

Home Address _____

Telephone # (____) _____

Telephone # (____) _____

Social Security # ____/____/____

Social Security # ____/____/____

BANK REFERENCE:

Name _____ Phone # (____) _____

Contact _____ Account # _____

Address _____

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TRADE REFERENCES: Companies with whom you have established credit (No Revolving Charges Please)

Name _____

Name _____

Address _____

Address _____

Account # _____

Account # _____

Telephone # (____) _____

Telephone # (____) _____

Fax # (____) _____

Fax # (____) _____

Name _____

Name _____

Address _____

Address _____

Account # _____

Account # _____

Telephone # (____) _____

Telephone # (____) _____

Fax # (____) _____

Fax # (____) _____

Credit Line Requested _____

Purchase Orders _____ will be furnished _____ will not be furnished

If purchase order not required please list individuals authorized to purchase _____

Dun & Bradstreet # _____ FEIN # _____

TO RECEIVE SALES TAX EXEMPTION STATUS A BLANKET CERTIFICATE OF RESALE MUST ACCOMPANY THIS APPLICATION

State _____ Exempt # _____

The information contained in this application is submitted for your confidential investigation and appraisal. If this application for credit privileges is approved and accepted, I (we) understand and accept the following terms and conditions:

TERMS: ALL INVOICES NET 30 Service charges may be applied on amounts in excess of terms. A 1 1/2% monthly service charge may be added to accounts over 30 days, annual percentage rate is 18%. In collecting sums due as part of any credit extended on the basis of this application, I (we) agree to pay costs and expenses should legal recourse become necessary. You are authorized to check information submitted, as well as, all other sources available, and to answer questions about your credit experience with us, if requested by others. In the event the undersigned is a duly authorized corporation, the individual signing certifies that his/her authority is such to commit the corporation to the above application.

Signature _____ Date _____

Printed Name _____ Title _____

Do Not Write Below This Line-For Office Use Only

Credit: Refused _____ Approved _____ Amount \$ _____ By _____ Date _____

Account # _____ Code _____ Tax Card Rec: Y N Notification Sent _____