

****APPLICATION FOR CREDIT****

I (we) request an open charge account in the amount of \$_____ on your terms: Net 10th of the month.

Business Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Check one: Individual _____ Corporation _____

Sales Tax Number: _____ Federal ID# _____

If individually owned: (Need physical Address and Phone Number)

Address: _____

Social Security Number: _____

If Incorporated, Name of:

(1) President: _____

(2) Treasurer: _____

(3) Secretary: _____

Business Trade: _____

Years in Business: _____

Need Purchase order numbers: Yes _____ No _____

Location of Home office: _____

Bank Reference: _____

Account Number: _____

Business References: (Name, Address, Phone number)

(1) _____

(2) _____

(3) _____

A reasonable attorney fee will be charged on any account processed for collection. I (we) certify that the above information is true and correct.

Signature: _____

Title: _____ Date: _____

Please print this form and Please Print Clearly and Fax To: (813) 659-3483