



12702 Royal George Ave
Odessa, FL 33556
Ph 813-926-3035 Fax 813-926-3035

CREDIT APPLICATION

General Information

Legal Name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Ph# _____ Fax# _____ Email: _____

Federal ID# _____

Type of Business: _____ Corporation _____ Partnership _____ Proprietorship _____ Other _____

Description of Business: _____ # Years _____

Taxable: Y / N _____ P.O. # Required: Y / N _____ A/P Contact Name _____

- if tax exempt – please attach exemption certificate

A/P Ph# _____ A/P Fax# _____

A/P Email _____ DUNS# _____

Owner, Partner or Corporate Officer

Name & Title: _____ SSN _____

Name & Title: _____ SSN _____

Bank & Trade Information

Bank name: _____ Address: _____

Account: _____ Bank Contact: _____

Trade References (3)

Name	Address	Contact Name	Ph#
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

TERMS: NET 30 DAYS FOR CREDIT APPROVED ACCOUNTS

FINANCE CHARGES: ACCOUNTS PAST DUE WILL BE SUBJECT TO A 1.5% PER MONTH FINANCE CHARGE

PAST DUE ACCOUNTS: ACCOUNTS WITH OPEN INVOICES PAST DUE (30) DAYS MUST BE BROUGHT CURRENT PRIOR TO RECEIVING ADDITIONAL SHIPMENTS.

PRICING: PRICES ARE SUBJECT TO CHANGE WITHOUT NOTICE. PRICE CHANGES ARE EFFECTIVE ON A SPECIFIC DATE AND ALL ORDERS RECEIVED ON OR AFTER THAT DATE WILL BE INVOICED AND THE REVISED PRICE.

FREIGHT POLICY: ORDERS WILL BE SHIPPED F.O.B. FACTORY.

FREIGHT CLAIMS: ALL SHIPMENTS MUST BE CLOSELY INSPECTED UPON RECEIPT BY THE BUYER FOR DAMAGE OR LOSS.

We certify that the information given is correct. We have read and understand the terms and conditions attached to this form and agree to them.

Signed: _____ Title: _____

Print Name: _____ Date: _____