



Phone: (786)318-1267

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CREDIT APPLICATION

Today's Date: _____

Legal Name of Business: _____ Principal Place of Business _____

City: _____ State: _____ Zip Code: _____

Phone Number of Principal Place of Business: _____

Legal Form of Business: _____ What business are you in: _____

What are your estimated annual sales: _____ How many employees does your company have?: _____

Date business started: _____ Tax Identification Number: _____ D&B number if applicable: _____

Average dollar value of monthly billings: _____ Seasonal fluctuations if any: _____

Who is the person responsible for approving payment for us ?

Who is responsible for paying the bills?

Name: _____

Phone: _____

Has this company ever filed bankruptcy or been placed with a collection agency? Y / N

Please list the names, addresses and phone numbers of at least two businesses who can act as a credit reference:

Name	Address	Phone	Fax
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Please list the name and address of the Banking Institution that you do business with:

Name of Bank:	Address	Checking Account #:	Savings Account #
1) _____	_____	_____	_____

Please provide the name and phone number of the individual at the bank listed above who can provide information about your Acc.

Name _____ Phone Number _____

The undersigned, as an applicant for credit, or as an agent and principal of the company seeking the extension of credit, does hereby release, discharge and exonerate creditor, its agents and representatives, and any party, company agency or representative, which is conducted by creditor in investigating the credit worthiness of the undersigned. Any person or company so furnishing information from any and all liability of every nature and kind arising out of the furnishing of information, documents, records or opinions concerning the credit worthiness of the applicant and the undersigned.

Witness

Signature of Individual

Date

Printed Name & Title