



Application for Credit

Company Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Fax: _____

Years in Business: _____ Terms: Net 30 Taxable: Y or N

Please check the following:

Corporation Partnership Individual

Name of Principals: Address Phone

1. _____ / _____

2. _____ / _____

3. _____ / _____

Bank: _____ Department: _____

Bank Address: _____ Phone: _____

References: Fax/Phone

1. _____ / _____

2. _____ / _____

3. _____ / _____

4. _____ / _____

We certify that all the information on this application is correct.

We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed: _____ Title: _____ Date: _____

Please Check One: Ft. Lauderdale Office _____ Longwood Office _____