



1015 NE 43rd Street, Oakland Park, FL 33334

(954) 564-6480 Tel. / (954) 564-6483 Fax

Credit Application

In making this application, I/we understand that all accounts, unless otherwise arranged, are payable according to the terms stated on each invoice. If not paid on or before terms stated will be considered delinquent. I/we agree to pay any and all legal service charges added each month on past due invoices.

Company Name: _____ Year Est. _____ Type (Corp/Prtshp/Propr): _____

Address: _____ City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ e-mail: _____ @ _____

Contact: _____ Title: _____

Trade References

1. Name: _____ Acct#: _____ Tel#: _____
Address: _____ Fax: _____

2. Name: _____ Acct#: _____ Tel#: _____
Address: _____ Fax: _____

3. Name: _____ Acct#: _____ Tel#: _____
Address: _____ Fax: _____

4. Name: _____ Acct#: _____ Tel#: _____
Address: _____ Fax: _____

Bank References

Bank Name: _____ Account #: _____

Branch / Ph: _____ Fax: _____ Officer: _____

Please submit copy of valid driver's license with application
and a copy of valid state issued Resale Certificate (if applicable)

I/ we authorize the release of the banking information relevant to the above. I / we hereby certify the above information to be true and correct. I/we agree to the above terms and the undersigned is /are responsible for payment of the account. I/we do further agree that if the amount must be placed for collection, to pay any and all collection fees, attorney fees, and court cost associated with said collection.

Name/Title (Print) _____ Signature: _____ Date: _____

In consideration of your extending credit to the above firm, at our request, I/we do hereby personally guarantee the payment of all of their obligations to you, until withdrawn by me/us in by certified mail.