



## CREDIT APPLICATION

7018 AC Skinner Pkwy  
Suite 230  
Jacksonville, FL 32256  
Ph: 904-296-2240  
Fax: 904-296-2221

### CONTACT INFORMATION:

Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Federal ID # or SSN \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_  
Billing address if different than above \_\_\_\_\_  
Contact \_\_\_\_\_ Email \_\_\_\_\_

### BANK REFERENCES:

Bank Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### CREDIT REFERENCES:

Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Firm Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

*The undersigned hereby agrees that should a credit account be opened and in the event of default in the payment of any amount due, and if such account is submitted to a collections authority, to pay an additional charge equal to the cost of collection including court costs.*

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_