

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 _____