



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.

Name: \_\_\_\_\_ Year Est. \_\_\_\_\_ Corporation: \_\_\_\_\_  
Trade name: \_\_\_\_\_ Partnership: \_\_\_\_\_  
Address: \_\_\_\_\_ Proprietorship: \_\_\_\_\_  
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: \_\_\_\_\_

**Bank References**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
Branch / Ph: \_\_\_\_\_ Fax: \_\_\_\_\_ Officer: \_\_\_\_\_

If not a Corporation

SS#: \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_

If credit is granted: 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above firm, at our request, I/we do hereby personally guarantee the payment of all of their obligations to you, until withdrawn by me/us in by certified mail.