



1870 Saturn Blvd, Orlando FL 32837
Phone: 305-468-9818 / 305-778-3501

CUSTOMER APPLICATION AND CREDIT REQUEST

Please return this form with the bottom dated and signed. Include a photocopy of your Resale Card and/or Tax ID card

Company Name: _____ Phone: _____

Billing Address: _____ Fax: _____

_____ Web Site: _____

Ship to Address: _____ Years in Business _____

Type of Company: Corporation [] Partnership [] Sole Proprietor []

Description of Business: _____ Estimated purchase
from us(\$): Monthly _____ Yearly _____ Purchasing Contact(s): _____

_____ Officers of company:

President/CEO: _____ CFO/Controller: _____

_____ Contact Person for

Accounts Payable: _____

Business License Number: _____ Resale Certificate #: _____

Federal Tax I.D.#: _____

Bank: _____ Account# _____

Bank Contact Name: _____ Phone: Fax: _____ **REFERENCES: (Give only**

names of those you buy from on open account)

Name: _____

Phone: _____ Fax: _____ E-mail: _____

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

Name: _____

Phone: _____ Fax: _____ E-mail: _____

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

Name: _____

Phone: _____ Fax: _____ E-mail: _____

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

Signature _____ Date _____