



CREDIT APPLICATION

DATE \_\_\_\_\_
COMPANY NAME \_\_\_\_\_
COMPLETE ADDRESS \_\_\_\_\_
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_
TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_
DATE COMPANY FOUNDED \_\_\_\_\_ YEARS AT THIS ADDRESS \_\_\_\_\_
CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ #OF EMPLOYEES \_\_\_\_\_
STATE AND DATE OF INCORP. \_\_\_\_\_ MAIN CONTACT \_\_\_\_\_
NAME OF PRINCIPAL \_\_\_\_\_

All products will be sent taxable to Florida facilities unless we have a signed Blanket Certificate of Resale or Certificate of Exemption on file.



List (4) vendor references you are currently doing business with:

1. COMPANY NAME \_\_\_\_\_
ADDRESS \_\_\_\_\_
PHONE \_\_\_\_\_ FAX \_\_\_\_\_
PERSON TO CONTACT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

2. COMPANY NAME \_\_\_\_\_
ADDRESS \_\_\_\_\_
PHONE \_\_\_\_\_ FAX \_\_\_\_\_
PERSON TO CONTACT \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

