



# CREDIT APPLICATION

2105 NW 102nd Av.  
Miami, Florida 33172

Phone: (305)716-2160 Fax: (305)716-2161

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Sales Rep: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

NAME OF THE COMPANY: _____	
ADDRESS: _____	LEGAL ENTITY: <input type="checkbox"/> Corporation
	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Proprietorship
TELEPHONE: _____	FAX: _____
NAME OF PRINCIPAL(S): _____	YEARS IN BUSINESS: _____
NAME OF CONTROLLER: _____	NO. OF LOCATIONS: _____

### TRADE REFERENCES

Name of the Company: _____
Address: _____
Telephone: _____ Fax: _____

Name of the Company: _____
Address: _____
Telephone: _____ Fax: _____

Name of the Company: _____
Address: _____
Telephone: _____ Fax: _____

### BANK REFERENCES

Name of the Bank: _____
Account Number: _____
Name the Account is Under: _____
Name of the Contact: _____
Telephone: _____ Fax: _____

Name of the Bank: _____
Account Number: _____
Name the Account is Under: _____
Name of the Contact: _____
Telephone: _____ Fax: _____

TAX EXEMPT NO.: \_\_\_\_\_

DUN & BRADSTREET NO.: \_\_\_\_\_

UNDER THE TERMS OF SALE WE UNDERSTAND THAT ALL ORDERS WILL BE C.O.D., CASH, OR CREDIT CARD, UNTIL THIS CREDIT APPLICATION HAS BEEN APPROVED.  
I HEREBY AUTHORIZE OUR TRADE AND BANK REFERENCES TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A CREDIT LINE.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title/Position

\_\_\_\_\_  
Date

