



RETURN COMPLETED AND SIGNED
APPLICATION BY FAX TO:
786.567.6008

CREDIT APPLICATION

COMPANY:	PRINCIPAL OWNER	PHO # ()
ADDRESS:	A/P CONTACT	FAX # ()
CITY:	TYPE OF BUSINESS:	
STATE: ZIP:	SPECIAL BILLING INSTRUCTIONS:	

YEARS IN BUSUNESS:	D&B #	FEDERAL ID #
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BUSINESS STRUCTURE ___ -- CORPORATION --PARTNERSHIP --PROPRIETORSHIP --OTHER_____

LIST THREE COMPANIES WITH WHOM YOU HAVE ESTABLISHED CREDIT:

COMPANY NAME	LOCATION	ACCOUNT#	TELEPHONE#	FAX#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK REFERENCE

BANK: _____ PHONE# _____ ACCOUNT# _____

ADRESS _____ STATE _____ ZIP _____ CONTACT _____

TERMS: WE UNDERSTAND AND WILL COMPLY WITH REGULATIONS REQUIRING
PAYMENT OF ALL FREIGHT CHARGES WITHIN FIFTEEN(15) DAYS OF RECEIPT OF
STATEMENT:

FIMR NAME: _____ SIGNATURE OF APPLICANT _____

DATE: _____ TITLE OF APPLICANT _____

