

<u>Orlando</u> 4105 Seaboard Rd. Orlando, FL 32808 TEL 407-843-8190 FAX 321-282-6115

<u>Tampa</u> 1103 N. 50th St. Tampa, FL 33619 TEL 813-223-7554 FAX 813-223-7567

Miami 1001 Northwest 159th Dr. Miami Gardens, FL 33169 TEL 305-620-4313 FAX 305-356-7308 **Credit Application**

South Orlando HSC 9961 Sidney Hayes Rd. Orlando, FL 32824 TEL 407-843-8190 FAX 407-843-3171

TEL 773-884-2192

Chicago Sales

 Welcome and Thank you for applying for a charge Payment is due Net 30 days from invoice date. 1 ¹/₂ No Price corrections or returns (except for defective Special order merchandise is non refundable / non 15. Receipt is required for returns and may be subject All accounts will be charged sales tax unless a curre Accounts with unpaid invoices 45 days from invoice Charge backs for expenses incurred in collections to \$25.00 NSF check fee. 	1/2 % interest on accounts over 30 days past due. ve merchandise) after 30 days from invoice date. n returnable. t to a 25% restocking fee. rent tax exemption certificate is provided to keep on file. ce date will be placed on credit hold.	
Must provide complete information	on in ALL sections in order to process application.	
General Company Information	Limit Requested:	
Legal Business Name		
Doing Business as		
Federal ID Number	NAICS Code:	
Business Classification (Check one)	Today's Date:	
Sole Proprietor Partnership Corpo	oration Other, Specify	
Type of Business (Check one) Consumer Distributor Government	JobberOEM Other, Specify	
Physical Address	Billing/Mailing Address (if different)	
Street	Street/ P.O. Box	
Suite#	Suite#	
City	City	
State	State	
CountyZIP	CountyZIP	
Please list all alternate address	sses on separate sheet of paper.	
Business Telephone ()) Tax Exempt: Yes No	
Business fax ()	If yes, applicant must provide current tax	
Years in Business	certificate in order to open the account.	
Purchasing Contact	A/P Contact	
	Email	
Email EXT	Phone EXT	
Your invoices can be sent via FAX	or EMAIL	
	or EMAIL	
Terms and Conditions		
The information supplied is complete and accurate. Amazon H	PURCHASE ORDERS REQUIRED? Yes No please check one STATEMENT REQUESTED? Yes No please check one	

Information on Company Officers

Principal or Owner

Principal or Owner

N				
Name	Name			
Street	Street			
City, ST ZIP	City, ST ZIP			
Phone	Phone			
Principal Bank Reference	Additional B	ank or Credit Reference		
Name	Name			
Street	Street			
City, ST ZIP	City, ST ZIP			
Phone	Phone			
Additional Shipping Locations (and any other	r special instructions on a separate sheet of n	aner)		
Turitional Shipping Locations (and any other	special matrice of p			
Name	Nama			
	Name			
Street	Street			
City, ST ZIP	City, ST ZIP			
Phone	Phone			
Trade References (minimum of 4) Please	provide Fax # and Account #'s for	r Trade References		
Acct#		Acct#		
Name	Name			
Street	Street			
City, ST Zip	City, ST Zip			
Phone/Fax /	Phone/Fax	/		
		·		
Acct#		Acct#		
Name	Name			
Street	Street			
City, ST Zip	City, ST Zip			
Phone/Fax /	Phone/Fax	/		
Shipping Instructions				
Preferred Carrier:				
Prepaid & Ad	d 🖂 Collect	please check one		
-				
Additional instructions:				
For Office use only:				
Deferences Meiled				
References Mailed:	Account Approval:	X 7 [
Ref # 1 mailed Received	Approved by:	Yes No		
Ref # 2 mailed Received		No 🗔		
Ref # 3 mailed				
	Account #:			