



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

Tampa
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

South Orlando HSC
9961 Sidney Hayes Rd.
Orlando, FL 32824
TEL 407-843-8190
FAX 321-282-6115

Riviera Beach
6753 Garden Road
Riviera Beach, FL 33404
TEL 561-844-3699

Credit Application

1. Welcome and Thank you for applying for a charge account with Amazon Hose & Rubber Co.
2. Payment is due Net 30 days from invoice date. 1 1/2 % interest on accounts over 30 days past due.
3. No Price corrections or returns (except for defective merchandise) after 30 days from invoice date.
4. Special order merchandise is non refundable / non returnable.
5. Receipt is required for returns and may be subject to a 25% restocking fee.
6. All accounts will be charged sales tax unless a current tax exemption certificate is provided to keep on file.
7. Accounts with unpaid invoices 45 days from invoice date will be placed on credit hold.
8. Charge backs for expenses incurred in collections to include, but not limited to, attorney's fees.
9. \$25.00 NSF check fee.

Must provide complete information 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 ____ Corporation ____ Other, Specify _____

Type of Business (Check one)

____ Consumer ____ Distributor ____ Government ____ Jobber ____ OEM ____ Other, Specify _____

Physical Address

Billing/Mailing Address (if different)

Street _____
Suite# _____
City _____
State _____
County _____ ZIP _____

Street/ P.O. Box _____
Suite# _____
City _____
State _____
County _____ ZIP _____

Please list all alternate addresses on separate sheet of paper.

Business Telephone () _____

Business fax () _____

Years in Business _____

Tax Exempt: Yes No

If yes, applicant must provide current tax certificate in order to open the account.

Purchasing Contact _____

Email _____

Phone _____ EXT _____

A/P Contact _____

Email _____

Phone _____ EXT _____

Your invoices can be sent via **FAX** _____ or **EMAIL** _____

Your statement to be sent via **FAX** _____ or **EMAIL** _____

Terms and Conditions

Business/Applicant hereby acknowledges the following:

The information supplied is complete and accurate. Amazon Hose terms for extension of credit are 30 days NET. Amazon Hose reserves the unconditional right to refuse credit or to close any account, at any time, without prior notice. Closed credit accounts become payable, in full, immediately. Signature indicates acceptance of all terms listed above.

Signature _____

Print Name _____

Title _____

Date _____

PURCHASE ORDERS REQUIRED?

Yes No please check one

STATEMENT REQUESTED?

Yes No please check one

Information on Company Officers

Principal or Owner

Name	
Street	
City, ST ZIP	
Phone	

Principal or Owner

Name	
Street	
City, ST ZIP	
Phone	

Principal Bank Reference

Name	
Street	
City, ST ZIP	
Phone	

Additional Bank or Credit Reference

Name	
Street	
City, ST ZIP	
Phone	

Additional Shipping Locations (and any other special instructions on a separate sheet of paper)

Name	
Street	
City, ST ZIP	
Phone	

Name	
Street	
City, ST ZIP	
Phone	

Trade References (minimum of 4) Please provide Fax # and Account #'s for Trade References

Acct# _____

Name	
Street	
City, ST Zip	
Phone/Fax	/

Acct# _____

Name	
Street	
City, ST Zip	
Phone/Fax	/

Acct# _____

Name	
Street	
City, ST Zip	
Phone/Fax	/

Acct# _____

Name	
Street	
City, ST Zip	
Phone/Fax	/

Shipping Instructions

Preferred Carrier: _____

Prepaid & Add Collect please check one

Additional instructions: _____

For Office use only:

References Mailed:

Ref # 1 mailed _____ Received _____

Ref # 2 mailed _____ Received _____

Ref # 3 mailed _____ Received _____

Account Approval:

Approved by: _____ Yes

No

Credit Limit: _____

Account #: _____