



CREDIT INFORMATION STATEMENT

P.O. BOX 37025, TALLAHASSEE, FL 32315
(850) 575-9618 FAX: (850) 575-6508

Business Name: _____

Mailing Address: _____ City/State/Zip: _____

Street Address: _____ City/State/Zip: _____

Tel. No.: _____ Fax No.: _____

Type of Business: _____

Person Responsible for Purchasing: _____ Email: _____

This business is: a Corporation a Co-partnership Limited Partnership a Proprietorship

We have been established _____ years under the above name. At present location since: _____

Does your company use purchase orders? Yes No

Does your company have a valid resale certificate? Yes No If "Yes", please attach copy of certificate.

The principle owners or officers are:

Name: _____

Position: _____

Address: _____

City: _____

Phone: _____

Our 3 major sources of supply with whom we have open accounts are:

Name: _____

Address: _____

City: _____

Phone: _____

Fax: _____

List all Bank References: (Bank) (Address) (Account No.) (Phone)

1. _____

2. _____

Have you ever filed bankruptcy? Yes No * If "Yes", please detail on back.....

WE EXPECT OUR MONTHLY CREDIT REQUIREMENTS TO BE APPROXIMATELY: \$ _____

I/We understand that all information provided herein is correct and is for the purpose of obtaining credit and such information will be handled in confidence. Terms of payment are Net 30 days. Credit hold after 45 days. The undersigned has read and agrees to the payment terms and conditions of this firm.

Date

Signed Owner or Officer ONLY

Printed Name of Owner or Owner ONLY