



### Commercial Credit Application

Sanford  
207 E. 25<sup>th</sup> St  
Sanford, FL 32771  
407-321-0885 Fax 407-321-0896

Longwood  
170 W. Highway 434  
Longwood, FL 32750  
407-339-4883

Oviedo  
129 Geneva Dr.  
Oviedo, FL 32765  
407-365-6634

Which store(s) will you use? Sanford \_\_\_\_\_ Longwood \_\_\_\_\_ Oviedo \_\_\_\_\_

Account Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Limit Requested: \$ \_\_\_\_\_

If out-of-state company, where is the work located and who is the local contact?

\_\_\_\_\_

Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_

What kind of business does your company do? \_\_\_\_\_

How long organized under this name? \_\_\_\_\_

Accounts Payable Contact and email: \_\_\_\_\_

How would you like to receive your invoices and statements? \_\_\_\_\_ EMAIL \_\_\_\_\_ MAIL

List all Partners or Officers:

NAME	POSITION	ADDRESS,CITY,STATE & ZIP	PHONE NUMBER
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Buys from the following on open account: (For at least 6 months and local if possible)

NAME	ADDRESS, CITY, STATE & ZIP	PHONE #	FAX#/EMAIL(REQUIRED)
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purchase Order Required? \_\_\_\_\_ If yes, Written \_\_\_\_\_ or Verbal \_\_\_\_\_

Check One? \_\_\_\_\_ Completed Tax Exemption Cert. Attached \_\_\_\_\_ Sales tax to be charged

Persons Authorized to make purchases: \_\_\_\_\_

\_\_\_\_\_

I understand and will abide by terms **“NET 10”** and service charges of 1 % late charge.

Printed Name: \_\_\_\_\_

\_\_\_\_\_

Title: \_\_\_\_\_

(Signature)