



CREDIT APPLICATION



****Incomplete & Unsigned Credit Applications Will Not Be Processed****

Legal Name: _____

Check One: Corporation

Billing Address: _____

Partnership

Other (specify) _____

City _____ State _____ Zip _____ County _____
Ship to Address: _____

Officer / Title

City _____ State _____ Zip _____ County _____

Officer / Title

Phone # _____ Fax # _____

Number of Trucks in Fleet: _____

Type of Business: _____

Accounts Payable Contact: _____

Date Incorporated: _____

Accounts Payable Phone #: _____

Federal Employer Identification # (FEIN): _____ - _____

Accounts Payable Fax #: _____

Dunn & Bradstreet # _____ - _____ - _____

Accounts Payable Email Address: _____

Yes

Sales & Use Tax Exempt: (attach exemption form) No

Purchase Orders Required: Yes No

Ever Filed Bankruptcy: Yes When: _____ No

Monthly Statements Required: Yes No

Special Billing Instructions: _____

Estimated Monthly Purchases: \$ _____

UNSECURED CREDIT REFERENCES (Include Fax Numbers to Expedite Processing):

	COMPANY NAME:	STREET ADDRESS	CITY, STATE, ZIP	PHONE #	FAX #
1					
2					
3					-
4					

BANK REFERENCES:

	BANK NAME:	ACCOUNT #	PHONE #
1			
2			
3			
4			

IN SIGNING THIS CREDIT APPLICATION, I (WE) AGREE TO PAY ALL PURCHASES WITHIN 10 DAYS OF THE INVOICE DATE (OR NET 10 DAYS.) IF THE ABOVE BUSINESS IS A CORPORATION, THE UNDERSIGNED AGREES TO BE PERSONALLY RESPONSIBLE AND PAY FOR ANY PURCHASES MADE BY THE CORPORATION PURSUANT TO THIS APPLICATION. IF IT BECOMES NECESSARY TO EFFECT COLLECTIONS, BOTH I (WE) AND THE CORPORATION WILL PAY REASONABLE ATTORNEY'S FEES AND COURT COSTS. INTEREST SHALL BE DUE AND PAYABLE AT THE RATE OF 1.5% PER MONTH ON THE BALANCE OF EACH PURCHASE WHICH REMAINS UNPAID AFTER THE 10TH DAY OF THE INVOICE DATE OR NET 10 DAYS FOLLOWING EACH PURCHASE. THESE AGREEMENTS WILL REMAIN IN EFFECT UNTIL A NEW APPLICATION IS SUBMITTED OR UNTIL REVOKED IN WRITING, REGARDLESS OF ANY SUBSEQUENT CHANGES IN THE LEGAL STATUS OF THE ACCOUNT.

SIGNATURE

PRINTED NAME

TITLE

DATE

REMIT TO CHIEF FINANCIAL OFFICER:

833 PICKETTVILLE ROAD
JACKSONVILLE, FL 32003
PHONE: 904.739.2296
FAX: 904.730.3461