

Audrey Lane

APPLICATION FOR CREDIT

Primary Branch No.: _____

Application Received By _____

For the purpose of obtaining merchandise from you on credit, the following statement is made intending that you should rely on the same as correct.

Are you tax exempt? Yes / No If so, please attach copy of Resale Tax Certificate

Firm Name:	Phone #: ()	Fax #: ()
Office Address:	Email:	
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:
Former Address:		
City:	State:	Zip Code:

Name of Parent Company, if subsidiary:	Phone #: ()
Name of Affiliated Company, if applicable:	Phone #: ()

Operating as a: Corporation Partnership Limited Partnership Individual

If operating under a Trade Name, has it been registered? Yes No Registration Date: ____/____/____

SSN:	Spouse Name:	Spouse SSN:	Federal E.I.N. (If applicable):
Contractor's License #:	State	License (in whose name?)	

Owners/Officers	Title (if Corporation)	Street Address (no P.O. Boxes)	Telephone
			()
			()
			()

Bank Name:	Bank Branch:	Phone #:
Checking Acct. #	Additional Checking Acct. #:	Additional Acct. #:

Business Start Date: ____/____/____	In Present Location Since: ____/____/____	Business Location is: <input type="checkbox"/> Owned <input type="checkbox"/> Leased
If Leased, from whom?	Address (City, State, Zip) and Phone #:	

Name of Prior Business (if applicable):	City/State of Prior Business:
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CREDIT REFERENCES: Please list at least 5 of your current major suppliers. (Please do not list credit cards or banks as references).

	Name	Account Number	Phone #	Fax #
1			()	()
2			()	()
3			()	()
4			()	()
5			()	()

Company Name (Please Print):

Individual Owner (Please Print):	Owner's Signature:	Date (mm/dd/yy):
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Company Officer (Please Print):	Company Officer Title (Pres., Chairman, etc.):
Company Officer's Signature:	Date (mm/dd/yy):

Personal Guarantee
(Personal Guarantee must be signed, not typed or printed)

For and in consideration of selling any goods or materials to the above applicant on open account or otherwise, I/we,

personally guarantee the unconditional payment of any and all indebtedness incurred together with interest thereon, attorney fees, and costs.

Dated this _____ day of _____ 20_____ Guarantor _____

Spouse of Guarantor _____

Authorization to Release Financial Information

Name of Bank or Financial Institution _____ Checking Account # _____

Address _____ Loan # _____

Authorized Signature _____ Title _____ Date _____

Audrey Lane, 4337 Dardanelle Drive, Orlando, Florida 32808 phone 407.636.3108