



3750 Investment Lane, Suite # 5, Riviera Beach, FL 33404

Telephone: 561-842-2658 Fax: 561-540-2658

CREDIT APPLICATION

ACCOUNT #: _____

Company Profile: ___ Corporation ___ Partnership ___ Proprietorship ___ LLC

Type of Business: ___ Retail ___ Wholesale ___ Distributor ___ Manufacturer

Name of Account: (as it will appear on Invoice): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Federal ID #: _____ Sales Tax Exempt # _____

Owners or Corporate Officers

Name: _____ Title: _____

Name: _____ Title: _____

Year Business Established: _____ Previous business if Less than 3 years: _____

Florida Bolt and Nut Co. is authorized to obtain any credit information from these references and may disclose the information to others making credit inquiry.

Name of Principle Bank: _____ Account #: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Name of Officer: _____ Telephone: _____

Trade Reference:

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

In signing this application I (we) agree to pay all purchases within 30 days of the invoice date. If it becomes necessary to effect collections, I (we) will pay reasonable attorney fees, court costs and interest at 1.5% per month. If my (our) business is a corporation, the undersigned agrees to be personally responsible for any purchases made by the corporation pursuant to this application.

Date: _____ Authorized Signature: _____