

Paydex: \_\_\_\_\_  
Paydex 30: \_\_\_\_\_  
Amt: \$ \_\_\_\_\_  
Initials: \_\_\_\_\_

## CREDIT APPLICATION

10302 Deerwood Park Blvd Suite 200 Jacksonville, FL 32256 904-296-2240

### *Business Information:*

Business Name: \_\_\_\_\_ Business Website: \_\_\_\_\_

Physical Address: \_\_\_\_\_

PO Box Address (if applicable): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID # or SSN: \_\_\_\_\_ D&B #: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_

### *Billing Information:*

Billing Contact Name: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Billing Contact Telephone: \_\_\_\_\_ Billing Contact Fax: \_\_\_\_\_

Billing Contact Physical Address: \_\_\_\_\_

Address to send invoices for payment: \_\_\_\_\_

### *Bank References:*

Bank Name: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### *Credit References:*

Firm Name: \_\_\_\_\_ Firm Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Firm Name: \_\_\_\_\_ Firm Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned hereby agrees that, should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collections authority, to pay an additional charge equal to the cost of collection, including court costs.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_