



## BUSINESS CREDIT APPLICATION

CONTACT INFORMATION	
NAME	TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME			
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
TYPE OF BUSINESS : SOLE PROPRIETORSHIP   PARTNERSHIP   LLC   CORPORTATION   OTHER			

BANK INFORMATION			
BANK NAME		CONTACT NAME	
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
TYPE OF ACCOUNT		ACCOUNT NUMBER	
SAVINGS			
CHECKING			
OTHER			
TAX EXEMPTION # (Must attach copy of certificate):			

BUSINESS REFERENCES
Please provide us at least two other companies your business has established credit with previously

1   COMPANY	CONTACT NAME	
PHONE	EMAIL	
ADDRESS	TITLE	
CITY	STATE	ZIP CODE
COMMENTS		

2   COMPANY	CONTACT NAME
PHONE	EMAIL
ADDRESS	TITLE



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CITY	STATE	ZIP CODE
COMMENTS		

<b>CREDIT AGREEMENT</b>
1   All invoices must be paid within 30 days of the date issued 2   Any claims regarding an invoice issued must be made within 7 days of the date issued 3   You authorize inquiry into the banking and business references provided within this application

<b>RECEIVING INFORMATION:</b>
Forklift: Yes <input type="checkbox"/> No <input type="checkbox"/> Dock: Yes <input type="checkbox"/> No <input type="checkbox"/> Ramp: Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Receiving Hours (MON-FRI): From: _____:_____ To: _____:_____
What Products are you currently using?
What new products would you like us offer?
We represent that neither the above applicant nor the undersigned has ceased to pay its debts in the ordinary course of business affairs, that it can pay its debts when they become due, and that it is solvent within the meaning of the U.S. Bankruptcy Code. Should invoices on the account become more than one day past due date we agree to pay 11/2% charge or the maximum allow by law until the invoices are paid, (whichever is greater). In the event of suit to collect unpaid balances, all costs, including reasonable attorney's fees, whether for negotiation, trial or appellate work, the undersigned debtor shall pay, and we each acknowledge and agree that suit may be instituted in Florida. As principals of the above business, we do personally guarantee this account and payment of any sums due by the above named business/applicant If any part of this agreement proves to be invalid by Federal or State laws all other parts of this agreement remain in force. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices according to terms. The undersigned states that the following information is being submitted for obtaining credit from Dalcuore Floors and authorizes the investigation of this information through banks and references cited herein.

2   SIGNATURE	TITLE
NAME	DATE

NOTES & COMMENTS
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