



## CREDIT APPLICATION

ACCOUNT NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ PO REQUIRED \_\_\_\_ NO \_\_\_\_ YES

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_ CORPORATION \_\_\_\_ PARTNERSHIP \_\_\_\_ SOLE PROPRIETOR

FEIN/SS \_\_\_\_\_ YRS IN BUSINESS \_\_\_\_\_

OWNER(S) 1) \_\_\_\_\_ TITLE \_\_\_\_\_

2) \_\_\_\_\_ TITLE \_\_\_\_\_

A/P CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BANK CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

### CREDIT REFERENCES

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

I certify that all the information on this form is true and accurate. I fully understand and agree to your credit terms of NET 30 DAYS from date of invoice plus finance charges added to any balance not paid after due date. I authorize Grace Prosthetic Fabrication, Inc to contact any source necessary (including my bank, credit reference and any credit bureaus) to complete an evaluation of my credit and financial history. I agree that I shall assume full responsibility for payment of all legal fees necessitated by default in payment. Suit for collection may be instituted for said balance owed plus interest. I agree that venue for all actions under this agreement lies in Pasco County, Florida.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE