



## CREDIT APPLICATION FORM

6063 Janes Lane Naples, FL 34109

Phone: (239) 260-0020 Fax: (239) 260-0023

Website: www.rolldowns.com Email: mbascope@aht-usa.net

We hereby apply for the extension of credit by your firm and submit the following information as a basis for your consideration of our application.

BUSINESS CONTACT INFORMATION			
Title:		Company Name:	
Phone:	Fax:	Email:	
<b>Registered Company Address :</b>			
City:	State:	ZIP Code:	
BUSINESS AND CREDIT INFORMATION			
Firm's Legal Name:			Fed Tax I.D.:
Primary Business Address:			
City:	State:	ZIP Code:	
Type of Business:			Date Started:
Corporation:	Partnership:	Individual:	LLC:
Principal Owner name:		SS#:	DOB:
Drivers License #:		Home Address:	
Tax Exempt: YES or rate :      NO		Estimated Annual Sales:	
Credit Limit Requested:			
<b>IMPORTANT:</b> We do not mail invoices please provide a valid email address where invoice should be sent			
Email Address:		Contact Name:	
TRADE REFERENCES			
Company Name:		City:	State:
Phone:	Fax:	Account #	
Company Name:		City:	State:
Phone:	Fax:	Account #	
AGREEMENT			
<p>We declare that the above information is true, correct and complete, and is given to induce the company to credit terms. We authorize the company to make such credit investigation as the company sees fit, including contact the above trade references, and obtaining credit reports. The undersigned agrees to pay, when due, all obligations and personally guarantees payment including court costs and attorney fees if the account is placed in collection for non-payment.</p> <p style="text-align: center;">**I have read the terms and conditions stated above and agree to all those terms and conditions**</p>			

\_\_\_\_\_  
Signature of Owner/Guarantor

\_\_\_\_\_  
Date