

Signature

Credit Application and Agreement

Phone: 941-777-2823 **Fax:** 941-953-5369

Attn: Accounting

Date

Billing Information					
Company Name	*FEIN#			Corporation Sole Prop. S-Corp. Prof. Assoc.	
Billing Address			Date Est	ablished	
City	State	ZIP	County		
Phone	Fax		Email	Email	
()					
Contact Name	Title				
			Mr. Ms.		
Payment Type					
■ Credit Card				S Open Account	
Card Number	Expiration Date	Verification Code		If Open Account, desired credit, \$:	
Name on Card	Card Billing Address				
	3				
References		Complete	all informati	on requested, or attach a separate sheet.	
Principal Suppliers	Street Address, City,	Street Address, City, State & Zip		Phone & Fax	
1.)			()	
2.)			()	
3.)					
Bank Name	Account No.	Account No.		Phone Number	
Tax Status	Note: All accou	nts will be considered taxable	until a valid to	ax resale or exemption certificate is received.	
				·	
Tax Status Taxable	Note: All accou	nts will be considered taxable		·	
	Non-Taxable s) agree to: ppliers named above or on a services. a 30 days following the invoice and one-half percent (1½ a licensed collection agence, filing fees, in addition to the treason be held violative of a fice provision in this Agreement in full force and effect.	If Non-Taxable, Exempt attached sheet to release or ce at our address in Manate %) per month (18% APR) on ov- ry or attorney for collection, on the account balance and inter- tany applicable law, government shall not be held to invalid	t/Resale Num redit informati e County. erdue balance Customer agre rest. ental rule or re date the rema	on to MOS and authorizes MOS to release es. ees to pay all reasonable charges for egulation, or causes the Agreement to be ining provisions of this Agreement. All	

Title

Printed Name