



180 Contractors Way, Lakeland, FL 33801
 Office: 863-667-3723 | Fax: 863-667-3823

CREDIT APPLICATION
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PLEASE SEND COMPLETED FORM TO OUR CREDIT DEPARTMENT AT 863-667-3823 (FAX) OR JENNIFER.ELLIS@STAINLESSIMPORTS.COM

Company Information

Company Name:	
Type of Business:	
How long has your company been in business:	
Billing Address:	
Shipping Address:	
<input checked="" type="radio"/> Corporation	<input type="radio"/> Partnership <input type="radio"/> Other <input type="text" value="Please Specify"/>
Telephone No.:	Fax No.:
Sales Tax Exempt?: <input checked="" type="checkbox"/> Tax Exempt No:	Note State of Issuance. Leave Blank if Not Exempt.
Credit Line Requested:	Whole Dollar (USD) Amount

Trade References

Company Name:	
Address:	
	Account No.:
Telephone No.:	Fax No.:

Company Name:	
Address:	
	Account No.:
Telephone No.:	Fax No.:

Company Name:	
Address:	
	Account No.:
Telephone No.:	Fax No.:

Trade References (Continued)

Company Name:	
Address:	
	Account No.:
Telephone No.:	Fax No.:

Has the applicant, any of its affiliated companies, owners or officers ever filed bankruptcy, made an assignment for benefit of creditors, or been judged bankrupt? Yes No

If yes, please provide details:

Yes, I prefer to receive my invoices via email. Please provide the Accounts Payable contact name & email address below.

Name of person(s) responsible for accounts:		
Average annual revenue (\$):	Average accounts payable balance (\$):	D & B Rating:
Principal Owners & Officers - Name(s) and Title(s):		
Social Security Number(s):		
Accounts Payable Name & Email Address:		

Bank Information

Bank Name:	Type of Account:
Address:	
	Account No.:
Telephone No.:	Fax No.:

I acknowledge that Stainless Import's terms of payment are .05% 10, Net 30 days from invoice date, unless otherwise specified by an executive officer of Stainless Imports. I agree that failure to meet these terms will result in my company's responsibility to pay for Stainless Import's collection expenses, including but not limited to attorney fees and court costs. In addition, I understand that my company may be obligated, at Stainless Import's discretion, to pay service charges of at least 1.5% per month on my account's past due balance. I agree that legal action shall be in Polk County, State of Florida.

Signature of Owner / Officer:	Date:
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