

**SOUTHERN FLEET SRVS OF N. FL. INC.  
6831 WEST BEAVER STREET  
JACKSONVILLE, FLORIDA 32254**

904-781-1202 Office / 904-781-9669 Fax

**CREDIT APPLICATION**

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_\_

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

SHIP TO ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_ FEDERAL TAX ID \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ DATE BUSINESS BEGAN \_\_\_\_\_

SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

OWNER/OFFICER \_\_\_\_\_ OWNER/OFFICER \_\_\_\_\_

TITLE \_\_\_\_\_ TITLE \_\_\_\_\_

HM ADDRESS \_\_\_\_\_ HM ADDRESS \_\_\_\_\_

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

HM PHONE \_\_\_\_\_ HM PHONE \_\_\_\_\_

SOC. SEC. NO. \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

**TRADE REFERENCES**

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

TELEPHONE NO. \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ANNUAL PURCHASES \_\_\_\_\_ ANNUAL PURCHASES \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

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

TELEPHONE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ANNUAL PURCHASES \_\_\_\_\_ ANNUAL PURCHASES \_\_\_\_\_

**SIGNATURES REQUIRED ON 2<sup>nd</sup> PAGE**

**BANK REFERENCE:**                      Checking \_\_\_\_\_                      Loan \_\_\_\_\_                      Savings \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

ACCT # \_\_\_\_\_ CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

ACCT # \_\_\_\_\_ CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**TERMS**

**Credit terms are net upon receipt of invoice. Invoices not paid within 30 days of invoice date will be assessed a 1.5% per month finance charge. All accounts over 30 days will be flagged on a C.O.D. basis and relinquish their privilege to credit until satisfactory credit is restored.**

**I\We understand and agree that the information provided is for the purpose of obtaining merchandise/services on credit. I\We further understand and agree that accounts or monies due to Southern Fleet Services of N. FL., Inc. shall be paid in accordance with the Credit Terms stated above and agree to pay all reasonable costs of collection, in addition to any court costs and/or attorney fees incurred. I\We authorize investigation of credit history and credit references.**

By: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name / Title

By: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name / Title

By: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name / Title

**GUARANTY**

**I\We, the undersigned, do hereby guarantee payment, as individual, of any indebtedness incurred by virtue of any and all credit extended in accordance with the above agreement and all its terms and conditions.**

Guarantor Name \_\_\_\_\_, Individually

Social Security # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guarantor Name \_\_\_\_\_, Individually

Social Security # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_