

**SOUTHERN WRECKER & RECOVERY
5169-A WEST 12th STREET
JACKSONVILLE, FLORIDA 32254**

**904-378-8000 Office / 904-378-8121
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

PURCHASE ORDER NUMBER REQUIRED FOR BILLING: YES _____ NO _____

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 2nd 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 Wrecker & Recovery LLC, 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 _____