

**TT OF PALM BAY, INC
PALM BAY FORD
CREDIT APPLICATION**

Company name: _____ Phone: _____
Billing address: _____ Fax: _____
Street address: _____
City: _____ State: _____ Zip: _____

Years in Business: _____ Credit limit: _____

() Corporation () Partnership () Sole Prop. PO REQUIRED: Y ___ or N ___

Federal Tax ID: _____ Sales Tax ID: _____
(Please provide copy) (Please provide copy of resale certificate)

If a Corporation, list names and titles of officers. If other entity, list names of partners or owners.

	Name:	Title:	Address:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Three references:

	Company name:	Address:	Phone #:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Bank (s):

	Name	Address:	Phone #:
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

All accounts are NET 30 – Due upon receipt of statement.

I, the undersigned, hereby agree in the event of a default in the payment of any amount due or if this account is placed in the hands of an agency or attorney of collection or legal action, to pay an additional charge equal to the cost of collection including agency and attorney fees and court costs incurred and permitted by laws governing these transactions as well as a monthly services charge of 1.5% (18% annual percentage rate) on balances past due.

Signed by: _____ Title: _____
Printed name: _____ Date: _____