



Credit Application

Phone: 904-354-4687

Fax: 904-353-1431

Email: cindic@all-britesales.com

In order for us to establish an open line of credit to your company, we request that this application be ACCURATELY and COMPLETELY filled out and SIGNED BY AN AUTHORIZED PERSON.

BILLING INFORMATION

Business Name	County	Phone Number	
Business Address/P.O. Box No.	City	State	Zip Code
Name of Owner	Email	Name of Manager	Email
Owner's Address	City	State	Zip Code
Person Responsible for Accounts Payable Fax number / Email			Phone number

Are Invoices Paid by Local ____ or Corporate Office ____? (Please check one)

Is purchase order number required? _____ Number of invoices required on delivery? _____

Are you Tax Exempt? _____

****If Yes, please provide a copy of your tax exemption certificate along with this credit application.**

SHIPPING INFORMATION

Ship to Name	County	Phone number	
Ship to Address/P.O. Box No.	City	State	Zip Code
Type of Business			

***Please list any other ship to addresses on another sheet of paper and return with this application.**

CORPORATE INFORMATION

Incorporated? ____ Date Established _____ What Country? _____
Corporation Employer ID Number _____

Corporation Name	Phone Number		
Corporation Address	City	State	Zip Code

Corporation Officers (Please list President and at least one other Officer)

***IN ORDER FOR YOUR CREDIT TO BE APPROVED THE BACK OF THIS FORM MUST BE COMPLETED AND SIGNED.**

LOCAL SUPPLIERS

Please provide three local credit references with complete name, address, zip code, account number and telephone number. One of which must be a paper or chemical supply house.

Company Name	Acct. No.	Phone Number	Fax Number (required)
Company Name	Acct. No.	Phone Number	Fax Number (required)
Company Name	Acct. No.	Phone Number	Fax Number (required)

LOCAL BANK REFERENCES

Company Name	Acct. No.	Phone Number	Fax Number (required)
Company Name	Acct. No.	Phone Number	Fax Number (required)
Company Name	Acct. No.	Phone Number	Fax Number (required)

CORPORATE BANK REFERENCES

Company Name	Acct. No.	Phone Number	Fax Number (required)
Company Name	Acct. No.	Phone Number	Fax Number (required)

The information given on this application is for the purpose of obtaining credit and will be held in confidence.

The information given on this application is warranted to be true. I/we hereby authorize All-Brite Sales Company, to investigate the references listed pertaining my/our credit and financial responsibility.

If it becomes necessary to collect any bills by law or through other procedures, or under advise therefore from an attorney, the undersigned or party responsible for the payment of the bills agrees to pay all costs of collection, including reasonable attorney fees. Such attorney fees and costs shall include, but not be limited to, fees and costs incurred in all matters of collection and enforcement, construction and interpretation, before, during and after suit, trial proceedings and appeals, as well as appearances in and connected with any bankruptcy proceedings or creditors reorganization proceedings.

The undersigned further agrees to immediately notify All-Brite Sales Company, in writing by registered mail of any change in ownership or form of the applicant's business organization. It is agreed that the undersigned shall be estopped to deny liability for all materials, etc., furnished prior to deliver of the aforementioned written notice.

COMPANY NAME

NAME AND TITLE

D/B/A (If any)

(Signature)



(Typed or printed)

Signature required by an Officer or Registered Agent/Owner Of the Company

Date: _____