

2960 STIRLING ROAD • HOLLYWOOD, FL 33020
TEL: (954)791-4910 • FAX: (954) 791-5913

CREDIT APPLICATION

COMPLETE FULLY. INCOMPLETE/UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED.

BUSINESS NAME: _____ PHONE: _____ FAX: _____

SHIP TO: _____ BILL TO: _____

CITY: _____ STATE: _____ ZIP: _____ CITY: _____ STATE _____ ZIP _____

MANAGER: _____ OWNER: _____ BOOKKEEPER: _____

OWNER'S ADDRESS: _____

OWNER'S TELEPHONE: _____ OWNERS SS NO.: _____

SOLE OWNERSHIP: _____ CORPORATION: _____ PARTNERSHIP: _____

LIST PARTNERS: _____

OFFICERS: _____ PRESIDENT: _____ V. PRESIDENT: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____ FED I D: _____

P. O. REQUIRED? YES ___ NO ___ TAXABLE? YES ___ NO ___ IF **NO**, PLEASE ATTACH COPY OF CERTIFICATE OF EXEMPTION. **A COPY MUST BE IN OUR FILES, OR SALES TAX WILL BE CHARGED.**

TRADE REFERENCES: (CREDIT CARDS ARE NOT ACCEPTABLE)

COMPANY: _____ COMPANY: _____
ADDRESS : _____ ADDRESS : _____

TELEPHONE _____ FAX _____ TELEPHONE _____ FAX _____

COMPANY: _____ COMPANY: _____
ADDRESS : _____ ADDRESS : _____

TELEPHONE _____ FAX _____ TELEPHONE _____ FAX _____

BANK REFERENCE:

NAME : _____ ADDRESS: _____
ACCOUNT NO. _____ PHONE : _____ CONTACT: _____

ALL CREDIT VERIFICATIONS ARE HANDLED THROUGH THE MAIL. CREDIT WILL NOT BE ISSUED UNTIL ALL INFORMATION HAS BEEN RECEIVED AND APPROVED. (MINIMUM OF 2 WEEKS).

I/WE UNDERSTAND THAT THE INFORMATION FURNISHED ON THIS PAGE IS FOR THE PURPOSE OF OBTAINING CREDIT WITH COLOR REFLECTIONS. I/WE ARE AUTHORIZED IN MY/OUR CAPACITY TO BIND MY/OUR FIRM ACCORDINGLY. THAT ALL ACCOUNTS DUE TO YOU SHALL BE DUE AND PAYABLE AT COLOR REFLECTIONS' PLACE OF BUSINESS. THAT ALL PAST ACCOUNTS DUE, NOTES OR JUDGEMENTS SHALL AUTOMATICALLY ACCRUE SERVICE CHARGES AT THE RATE OF 1.5% PER MONTH. INCONSIDERATION OF CREDIT BEING EXTENDED TO THE ABOVE FIRM, I/WE PERSONALLY GUARANTEE ALL INDEBTEDNESS HEREUNDER. I/WE FURTHER AGREE THAT THIS GUARANTY IS AN ABSOLUTE, COMPLETED AND CONTINUING ONE AND NO NOTICE OF THE INDEBTEDNESS OR ANY EXTENSION OF CREDIT ALREADY OR HEREUNDER CONTRACTED BY OR EXTENDED AND/OR RENEWED WILL BE SENT. **THAT THE TERMS OF PAYMENT ARE NET 30 DAYS FROM INVOICE DATE** AND THAT I/WE, WITHIN FIVE DAYS NOTICE OF PAST DUE ACCOUNT, WILL PAY THE AMOUNT DUE.

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

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BANK REFERENCE

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ACCOUNT NUMBER _____

AUTHORIZED SIGNATURE _____

THE FOLLOWING INFORMATION IS TO BE COMPLETED BY THE BANK ONLY

NAME ACCOUNT IS UNDER _____

DATE ACCOUNT OPENED _____

BALANCE _____

DOES CUSTOMER HAVE RETURNED CHECKS? YES _____ NO _____
IF YES, DESCRIBE THE FREQUENCY AND ANY OTHER INFORMATION

DOES CUSTOMER HAVE ANY LOANS WITH YOUR BANK? YES _____ NO _____
IF YES, DESCRIBE TYPE OF LOAN

LOAN AMOUNT OUTSTANDING _____

ARE DEBTS CURRENT? YES _____ NO _____
IF NO, PLEASE DESCRIBE NATURE AND EXTENT OF DELINQUENT DEBT

OVERALL RATING OF CUSTOMER ACCOUNT: EXCELLENT _____ SATISFACTORY _____
UNSATISFACTORY _____

COMPLETED BY TITLE PHONE NO.

ALL INFORMATION PROVIDED IS COMPLETELY CONFIDENTIAL

PLEASE RETURN BY FAX TO (954) 791-5913