

Florida Graphic Supply, Inc.  
2060 Calumet St.  
Clearwater, FL 33765

Phone: 727-461-7600  
Fax: 727-461-7999  
Toll Free 800-582-0049

## CREDIT APPLICATION

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_ Corporation \_\_\_\_ Partnership \_\_\_\_ Sole Proprietor \_\_\_\_ Individual  
Federal Employer I.D. #: \_\_\_\_\_  
Number of years in business \_\_\_\_\_ Date & State incorporated \_\_\_\_\_  
Name of Officer/Owner: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Partners: \_\_\_\_\_  
\_\_\_\_\_  
Person in charge of accounts payable: \_\_\_\_\_

Name of Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

### Trade References

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Acct. # \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Acct. # \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Acct. # \_\_\_\_\_

The undersigned is authorized to make this application and to certify that the above statements are true. In the event applicant becomes delinquent, applicant agrees to pay Florida Graphic Supply, Inc. late charges at 1-1/2% per month (18% annum), and applicant agrees that Florida Graphic Supply, Inc. shall have the right to bring suit against applicant. If this occurs, applicant agrees to pay the costs of collection, including court costs and attorney fees. Applicant further agrees that venue of any suit may be laid in Pinellas County, Florida, USA. Applicant further agrees to give Florida Graphic Supply, Inc. permission to make inquiries on financial and related matters at applicant's bank, supplier or lending firm. The undersigned also authorizes such firms to give same to Florida Graphic Supply, Inc. Florida Graphic Supply, Inc. reserves the right to revoke credit terms if invoices are not paid within 30 days from invoice date.

**The undersigned hereby agree to the above terms and conditions and assumes personal responsibility.**

PRINT OWNER'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

OWNERS' SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_