



## CREDIT APPLICATION

To ensure prompt handling please provide the following

information. Date of application: \_\_\_\_\_ 2018

1. Business Name or Individual \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_ Zip \_\_\_\_ County \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Email Address \_\_\_\_\_

2. Business or Profession \_\_\_\_\_

3. Check one: Tax Status: Pays Tax \_\_\_\_\_ Resale or Exempt \_\_\_\_\_  
Sales Tax Certificate No. \_\_\_\_\_ Effective Date \_\_\_\_\_

(Please attach and mail completed sales tax exempt card)

4. Check one of the Following and Answer Appropriate Questions:  
\_\_\_\_\_ Corporation

If the business is owned by a corporation, state date incorporated

\_\_\_\_\_ Name of corporation \_\_\_\_\_

Name and address of all officers and the resident agent of the corporation:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Partnership

If the business is owned by more than one person or by a Partnership, list the name and address of all owners and designate between general and limited partners: \_\_\_\_\_

\_\_\_\_\_ Proprietorship/Personal

If you alone own the business, Soc. Sec. No. \_\_\_\_\_

Check one of the following: Marital Status \_\_ S \_\_ M \_\_ Other

Name \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

5. Date Present owners Began Operation of Business \_\_\_\_\_

6. Checking Account Reference:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax # \_\_\_\_\_ Acct. No. \_\_\_\_\_

7. Businesses Where Applicant Has Established Existing Credit Accts.

Name \_\_\_\_\_

Fax or Email Only \_\_\_\_\_

Name \_\_\_\_\_

Fax or Email Only \_\_\_\_\_

Name \_\_\_\_\_

Fax or Email Only \_\_\_\_\_

Name \_\_\_\_\_

Fax or Email Only \_\_\_\_\_

8. E-Mail Address: \_\_\_\_\_

In making this application and for and in consideration of any credit extended as a result of this application, the applicant and the undersigned, individually and collectively promise to pay all costs of collection, including reasonable attorney fees incurred by Suncoast Precision Tools in collecting money owed on any credit account OR CHECK RETURNED FOR ANY REASON by any of the people or entities named in this application.

The applicant and the undersigned hereby authorizes and gives permission for Suncoast Precision to contact each of the banks and credit references listed above for the purpose of verifying the business and credit reputation of the applicant.

If any credit account established as a result of this application is not paid when due, the account shall bear interest at the maximum rate allowed by law. Checks returned for ANY REASON ARE SUBJECT TO A \$35.00 MINIMUM FEE. All payments for items purchased from Suncoast Precision Tools Inc. are due and payable at 10360 72<sup>nd</sup> St. N. Unit #809 , Largo FL 33777 .

\_\_\_\_\_  
Authorized Signature - Customer

\_\_\_\_\_  
Approval Signature - Suncoast Precision Tools Inc.

Visit us on the web at <https://www.suncoasttools.com>  
Phone: 727-546-4655 Fax 866-902-4924  
10360 72<sup>nd</sup> St. N. Unit #809 , Largo FL 33777