



CREDIT APPLICATION

To ensure prompt handling please provide the following information.

Date of application: _____

1. Business Name or Individual _____

Mailing Address _____ City _____

State ____ Zip ____ County _____ Phone () _____

Sales Email Address _____

Billing 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. Please provide an attachment of your W-9.

7. Checking Account Reference:

Name _____

Address _____ City _____ State ____ Zip _____

Phone _____ Fax # _____ Acct. No. _____

8. Businesses Where Applicant Has Established Existing Credit _____ Accts.

Name _____

Address: _____

Phone Number: _____

Email: _____

Name _____

Address: _____

Phone Number: _____

Email: _____

Name _____

Address: _____

Phone Number: _____

Email: _____

Name _____

Address: _____

Phone Number: _____

Email: _____

Name _____

Address: _____

Phone Number: _____

Email: _____

9. In making this application and for and in consideration of any credit extended because 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 authorize 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 because 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 \$45.00 MINIMUM FEE. All payments for items purchased from Suncoast Precision Tools Inc. are due and payable at 10360 72nd St. N. Unit #809, Largo, FL 33777.

Authorized Signature - Customer

Approval Signature - Suncoast Precision Tools Inc.