



PHN: (352) 622-3342

FAX: (352) 236-1454

APPLICATION FOR CREDIT

LEGAL BUSINESS NAME: _____ FED TAX ID #: _____

TYPE OF BUSINESS: CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP LLC DATE ESTABLISHED: _____

PHYSICAL ADDRESS: _____ COUNTY: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

TRADE REFERENCES

NAME: _____ ADDRESS: _____ PHN & FAX: _____
 NAME: _____ ADDRESS: _____ PHN & FAX: _____
 NAME: _____ ADDRESS: _____ PHN & FAX: _____

BANKING REFERENCE		
BANK NAME	ADDRESS	PHONE
CONTACT	ACCOUNT #	FAX

ACCOUNTS PAYABLE CONTACT	ACCOUNTS PAYABLE EMAIL ADDRESS	A/P CONTACT PHN / EXT #

****CREDIT TERMS****
UPON RECEIPT

Applicant hereby applies for credit and specifically consent to investigating applicant's credit history and authorizes the release of its bank information. If credit is extended, applicant acknowledges that Marion Northside Stone, LLC requires payment upon receipt of invoice, in the event of failure to timely pay any invoice, applicant agrees to pay a service charge to Marion Northside Stone, LLC on such delinquent invoice(s) until fully paid, at the maximum rate allowed by the laws of the state of Florida, and all reasonable collection costs, including but not limited to attorney's fees. Marion Northside Stone, LLC reserves the right to cancel a credit account at any time for non-payment.

 Name Signature Title

 Date