

FLORIDA MACHINERY

WOODWORKING MACHINERY SALES

14221 SW 142nd Street Miami, FL 33186. PH: 305-747-7931 (EXT. 3)
ASHLEY@FLORIDAMACHINERY.COM
WWW.FLORIDAMACHINERY.COM

CREDIT APPLICATION

COMPANY NAME (LEGAL NAME)

ANNUAL GROSS SALES

ADDRESS (BUSINESS LOCATION)

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

EMAIL

DATE OF INC.

YEARS IN BUSINESS

FEDERAL TAX ID #

LEGAL STRUCTURE: LLC. CORPORATION S-CORP. PARTNERSHIP SOLE PROPRIETORSHIP

PRINCIPAL OWNERS OR OFFICERS

NAME (AS IT APPEARS ON DRIVERS LICENSE)

TITLE

CELL PHONE NUMBER

EMAIL

HOME ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

SSN

% OWNERSHIP

NAME (AS IT APPEARS ON DRIVERS LICENSE)

TITLE

CELL PHONE NUMBER

EMAIL

HOME ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH

SSN

% OWNERSHIP

TERMS

AMOUNT TO FINANCE

TERMS (1-72)

EQUIPMENT VENDOR

EQUIPMENT TYPE

RELEASE: By my signature, I authorize Florida Machinery Imports, its successors, nominees, or its assignees to investigate my business and/or personal credit standing. Each individual signing below certifies that the information provided in this credit application is accurate and complete. Each individual signing below authorizes you to obtain information from the references listed above and obtain a consumer credit report that will be ongoing and relate not only to the evaluation of the and/or extension of the business credit requested, but also for the purposes of reviewing the account, increasing the credit line on the account (if applicable), taking collection action on the account, and for any other legitimate purpose associated with the account as my be needed from time to time. Each individual signing below further waives any right or claim which such individual would otherwise have under the Fair Credit Reporting Act in the absence of this continuing consent.

X _____
SIGNATURE

PRINTED NAME

DATE

X _____
SIGNATURE

PRINTED NAME

DATE