



P.O. Box 39, 43316 S.R. 19, Altoona, FL 32702 (352) 669-2111

# CREDIT APPLICATION

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

### BILLING INFORMATION:

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

County \_\_\_\_\_ email \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### PHYSICAL/SHIPPING ADDRESS:

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

County \_\_\_\_\_ email \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are you Tax Exempt in Florida? \_\_\_\_\_ (If yes, please forward copy of resale certificate) Are purchase orders required? \_\_\_\_\_  
Numbers of years in business? \_\_\_\_\_ Nature of business: \_\_\_\_\_  
(i.e. Surveying & Mapping, Civil engineering, Construction, etc)

### Trade Reference:

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Contact \_\_\_\_\_ Phone# \_\_\_\_\_

Ownership: \_\_\_\_\_ Corporation FEID No \_\_\_\_\_, \_\_\_\_\_ Partnership, \_\_\_\_\_ Individual SS # \_\_\_\_\_

Name of Principal (s) (home address) (home phone) Driver License#

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

### Signature & Customer Agreement

Applicant agrees, if approved, to pay account in full according to account terms: Net 30 days from invoice date. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons and companies listed on this application to furnish information and authorize the checking of credit. The undersigned agrees to pay all collection costs, court costs and legal fees incurred to collect delinquent balances.

\_\_\_\_\_  
(Name) (Title) (Date) (Name) (Title) (Date)

### Personal Guarantee

Inconsideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company. The undersigned guarantor expressly waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by the company seeking credit and all other notices the guarantor might be entitled to. Revocation of the guarantee shall be in writing and delivered by certified mail.

\_\_\_\_\_  
(Name) (Title) (Date) (Name) (Title) (Date)

Fax back to: **352-669-9377** or e-mail to the credit department at: [dsanwald@lengemann.us](mailto:dsanwald@lengemann.us)