



SKYLINK

Business Credit Application

Name/Address

Last:	First:	Middle Initial:	D&B # (if any):
Name of Business:			Tax I.D. Number (attach copy):
Address:			Federal I.D. Number:
City:	State:	ZIP:	Requested Credit Amount:
Phone:	Email:		

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Accounts Payable Contact:			Email:	
Address:	City:	State:	ZIP:	Phone:
Name of Principal Responsible for Business Transactions:			Email :	
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Account #:	Account #:	Account #:
Contact:	Contact:	Contact:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Email:	Email:	Email:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:



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Has your company ever been or is now a debtor in a bankruptcy proceeding? ____yes ____no

Has any judgment ever been entered against your company? ____yes ____no

Are there any legal actions or arbitrations pending against your company at this time? ____yes ____no

TERMS & CONDITIONS

I/We certify that this information is correct, accurate, and complete and that we are solvent and able to pay for all products and services provided by you to us. I/We understand that SELLER will rely on this information for the extension of credit. APPLICANT recognizes that SELLER may from time to time obtain Credit Reports and/or information for the purpose of extending open terms.

Applicant(s) agrees(s) to pay any service charges that may accrue on any unpaid balance, at the rate of 1.5% per month, at the discretion of Seller. Applicant(s) understand and agree(s) that upon any returned check, Seller may impose a minimum returned check charge of \$30.00 or the highest amount allowed by law, which applicant shall be responsible. Additionally, Applicant(s) understand(s) and agree(s) that Applicant(s) shall be responsible for all actual collection fees and costs, all actual litigation costs and all actual attorney's fee in connection with the collection or litigation of any actual delinquent amount owed by Applicant(s) to Seller, where allowed by law. Applicant(s) expressly agree(s) to submit to personal jurisdiction in Florida and that the forum for any litigation pursuant to this Agreement or any other contract between Seller and Applicant(s) whether suit is brought by Seller or Applicant(s) shall be the County of Sanford, State of Florida. This Agreement shall be governed by and construed in accordance with the laws of Florida. If Applicant instructs Seller to charge any balance due Seller to any credit card from any credit card service, Applicant agrees to a minimum assessed convenience fee of 3%.

Applicant(s) agree to pay for all purchases according to the terms of Seller. No other credit terms or condition of purchase orders different from the terms of the Seller will become part of any sales agreement, purchase orders, or other documents unless specifically approved in writing by Seller. No items will be accepted for return without prior approval and if applicable, all orders are subject to a restocking fee. No deduction will be allowed by Seller unless otherwise approved in writing by Seller. Payments may be applied against balances at the discretion of the Seller. Seller may revoke at its discretion the credit availability and for whatever reason as it deems appropriate. Seller may raise and lower credit limits at its discretion without notice to Applicant(s).

The Person(s) signing this Agreement certify that they have read and agree to all of the foregoing, and that all of the information contained herein and provided in this application and any attachments are true and correct to the best of their information, knowledge and belief.

Applicant(s)

Signature: _____ Date: _____

Name: _____

Title: _____

Credit Application Not Accepted Without Approval of Seller's Credit Department

Company Use Only

Submitted By	
Approved by	
Credit Limit	