

PHOENIX QUARTZ SURFACES

Today's Date _____

Business Name _____

Bill-to Address _____ Years at Address _____

City _____ State _____ Zip _____

County _____ Phone _____ Fax _____

A/P Contact _____

Ship-to Address _____

City _____ State _____ Zip _____

Federal Tax ID No. _____

County _____ D/B/A _____

The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed above. The undersigned agrees to Phoenix Quartz Standard Terms and Conditions and is responsible for materials received, agrees to pay charges incurred within terms and shall pay all service charges incurred for late payments (1.5% per month). The undersigned also agrees to pay all costs of collection, including attorney fees and court costs. The undersigned will immediately notify Phoenix Quartz Credit Department of any changes **THIS APPLICATION WILL NOT BE PROCESSED WITHOUT A SIGNATURE OR IF IT IS ALTERED IN ANY WAY**

Name / Title / Date

Please Mail / Email filled Application to the address Below

Phoenix Quartz Surfaces | 10499 SE 44th Ave Starke, FL 32091 | **Email-** Info@phoenixquartz.com