



## Credit Application

Customer Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of Locations: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Ship To Information (If Different): \_\_\_\_\_

Ship to Name: \_\_\_\_\_

Ship to Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Full Name of Owners or Officers of Corporation (Include Addresses)

See attached (if pre-printed)

Name	Address	City, State, Zip	SSN

Individual    Partnership    Corporation    LLC

Date Started: \_\_\_\_\_ Estimated Annual Sales: \$ \_\_\_\_\_

Prior Year's Sales: \_\_\_\_\_ Corporate Federal Tax ID #: \_\_\_\_\_

State Sales Tax #: \_\_\_\_\_ City Sales Tax #: \_\_\_\_\_



## Credit Application

Trade References: See attached (if pre-printed)

Name	Address	City, State, Zip	Phone / Fax
			Phone:  Fax:
			Phone:  Fax:
			Phone:  Fax:
			Phone:  Fax:

**Bank Reference:**

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Lending Office Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Customer agrees to take full financial responsibility and pay in accordance with terms as stated on our invoice. Unpaid invoices 30 days past due will be charged interest of 18% per annum. Should collection measures become necessary, jurisdiction and venue shall lie in the State of Florida, and customer agrees to pay all reasonable attorney's fees and cost of collection. Customer authorizes bank to release information regarding bank account listed above.

All taxes levied by federal, state, municipal or other government authority shall be the responsibility of the customer. Customer agrees to pay all such taxes.



## Credit Application

Customer or Store Name: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

A Sales Tax Exemption Certificate must accompany all new customer credit applications / set-up forms / credit card or C.O.D. orders.

We will treat the information with confidence. Thank you.

**All information MUST be filled out and this application signed.** Credit applications generally take one to seven business days to process. **Please be advised that initial order(s) cannot be filled until final credit approval.** To expedite your order, you may include a credit card number, the card's expiration date on your order, and a copy of your Sales Tax Exemption Certificate.

Millennium Fasteners, Inc.  
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Credit Department E-Mail amy@millfast.com