



## CREDIT APPLICATION

### GENERAL BUSINESS INFORMATION

Full Legal Business Name/DBA or AKA Name:			
Phone:	Fax:	Email:	
Registered address:		D&B #:	
City:	State:	Zip Code:	Country :
Date business commenced:		Type of Business:	
SP-Sole proprietorship: <input type="checkbox"/>	PS-Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>
Principal/Owner/Officer:		SS#/TAX ID#:	
Resale Cert #:		<b>MUST ATTACH A COPY OF RESALE CERTIFICATE</b>	
Accounts Payable Contact:		TEL #/EMAIL:	
# of Employees:	Annual Sales: \$	Requested Credit Limit: \$	

### BUSINESS AND CREDIT INFORMATION

Billing address (if different from above):			
City:	State:	Zip Code:	Country:
How long at current address?	Fax:	Email:	
Telephone:			
Bank name:		Contact Name/Phone:	
Bank address:			
City:	State:	Zip Code:	Country:
<b>TYPE OF ACCOUNT</b>	<b>ACCOUNT NUMBER</b>		
Savings			
Checking			
Other			

### BUSINESS/TRADE REFERENCES

Company name:		Contact:	
Address:			
City:	State:	Zip Code:	Country:
Phone:	Fax:	Email:	
Account number:		Type of account:	
Company name:		Contact:	
Address:			
City:	State:	Zip Code:	Country:
Phone:	Fax:	Email:	
Account number:		Type of account:	
Company name:		Contact:	
Address:			
City:	State:	Zip Code:	Country:
Phone:	Fax:	Email:	
Account number:		Type of account:	

### AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice. All balances over 30 days are subject to maximum interest rate allowable by law plus all collection costs/attorney fees.
2. By submitting this application, you authorize Advantus Corp. to make inquiries into the banking and business/trade references that you have supplied and/or pull a credit report on the company/principal owner.

<b>OFFICER ONLY</b> PRINT NAME:	SIGNATURE: DATE:
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PLEASE FAX APPLICATION TO (904) 482-0101 OR EMAIL TO AR@ADVANTUS.COM