



Business Application for Credit

Important Requirements

1. We require the following information: banking (checking, savings, loan, and industry trade references, with relevant contact information and fax numbers).
2. This Credit Application must be signed by either an officer or the owner of the respective business.
3. **Failure to fully complete all sections of this application or to provide us with the necessary information in legible form will delay the processing of your credit application.**
4. If this application is faxed for processing, the original must be mailed to Tracers Information Specialists, Inc., 4538 Commercial Way, Spring Hill, FL 34606
5. Tracers Information Specialists, Inc. complies with the Equal Credit Opportunity Act.

Business is (please check one only):

Corporation Government Partnership LLC Sole Proprietorship Non-Profit

Legal Business Name:

Physical Address: Suite:

City: State: ZIP:

Mailing Address: PO Box/Suite:

City: State: ZIP:

Phone: Fax:

Main Contact Name: Main Contact Email:

AP Contact: AP Contact Email:

Federal ID or SSN: Tax Exempt #:

Type of Business: Dun & Bradstreet #:

How Long In Business: Amount of Credit Per Month Requested:

TRADE AND CREDIT REFERENCES

Reference Name:	<input type="text"/>		
Address:	<input type="text"/>	PO Box/Suite:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Contact Name:	<input type="text"/>	Account #:	<input type="text"/>

Reference Name:	<input type="text"/>		
Address:	<input type="text"/>	PO Box/Suite:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Contact Name:	<input type="text"/>	Account #:	<input type="text"/>

BANK REFERENCE (Bank account must be active for a minimum of twelve months)

Bank Name:	<input type="text"/>		
Address:	<input type="text"/>	PO Box/Suite:	<input type="text"/>
City:	<input type="text"/>	State:	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Account #:	<input type="text"/>	Contact:	<input type="text"/>

Terms of Credit: Applicant authorizes vendor to obtain necessary credit information at any time from any source and agrees to pay for purchases according to the credit terms on Vendor's invoices or, if none appear, according to terms of NET 15. Applicant agrees to pay a service charge at the rate of one and one half percent (1½%) per month for outstanding balances of if not paid by the fifteenth day after the day of invoice. A returned check fee of fifty dollars (\$50.00) will be charged for any check returned by applicant's bank. Applicant warrants and attests that: (a) the signature appearing below is that of an individual authorized to enter into contracts for the applicant; (b) all information appearing on this form is true and correct as of the date below; and (c) agrees to notify vendor in writing within thirty (30) days of any change in business, organization, financial condition or controlling ownership. In consideration of any extension of credit by Tracers Information Specialists, Inc. to applicant, should indebtedness not be paid in accordance with the terms of credit, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees at both trial and appellate levels. Attorney's fees and costs shall be payable whether suit is brought or not. This agreement is interpreted and governed by the laws of the state of Florida and venue for any proceeding shall take place in Florida.

Printed Name:	<input type="text"/>	Signature:	<input type="text"/>
Title:	<input type="text"/>	Date:	<input type="text"/>

For office use only

Approved by:	<input type="text"/>	Date:	<input type="text"/>
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