



2412 Lynx Lane • Orlando, FL 32804
 407-956-5900
 407-895-0046

Credit Application

Account Name	
Billing Address	
City	
State	
Zip	
Phone Number	
Fax Number	
Web Site Address	
Email Address	

	LAST NAME	FIRST NAME
President/CEO		
Sales Manager		
Purchasing Manager		
Controller		
Additional Contact		

Company Financial Information

Corporation Partnership Proprietorship
 Public Private Small Business Disadvantaged Business

Incorporated under the State laws of _____

Federal ID# _____ Type of Business _____

Please attach a current Florida Annual Resale Certificate for Sales Tax in order to be exempt from sales tax.



Credit References

Bank Reference

Address

City, State, Zip Code

Contact

Phone

Fax

Account Number

Type of Account

Trade Reference

Address

City, State, Zip Code

Contact

Phone

Account Number

Fax #

Trade Reference

Address

City, State, Zip Code

Contact

Phone

Account Number

Fax #

Trade Reference

Address

City, State, Zip Code

Contact

Phone

Account Number

Fax #

I (we) agree that:

The information provided is for the purpose of obtaining credit and is warranted to be true.

A representative of ChannelGistix is authorized to investigate the references listed as they pertain to my (our) credit and financial responsibility.

The terms of sale are net 30 days from the date of each invoice. All payments received after 30 days shall be subject to a finance charge at the rate of 1.5% per month or any lesser charge reflecting the maximum amount legally permissible.

The undersigned agrees and understands that should collection of this account require litigation that ChannelGistix may elect judicial proceedings and you will pay reasonable court costs and attorney fees as permitted by law.

Authorized Signature _____ Title _____

Printed Name _____ Date _____

Please note that the credit application must be signed by an officer of the company applying, and all information included herein will be kept confidential.