

ALEX KARRAS LINCOLN

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Bradenton, FL 34207

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APPLICATION FOR CREDIT - ALL ACCOUNTS THAT ARE OPENED
MUST BE PAID BY THE 10th DAY OF EACH MONTH

WE WISH TO OPEN AN ACCOUNT WITH YOUR COMPANY AND SUBMIT THE
FOLLOWING INFORMATION TO ENABLE YOU TO OBTAIN A CREDIT HISTORY
FOR THAT PURPOSE

DATE _____

FIRM NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

TYPE OF BUSINESS _____

CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

YEARS ESTABLISHED _____ ACCOUNT CONTACT _____

PLEASE ATTACH A W-9 AND SALES TAX EXEMPTION CERTIFICATE IF APPLICABLE

PRINCIPALS:NAMES OF OFFICERS OR OWNERS	
_____	POSITION
_____	POSITION
_____	POSITION

TRADE REFERENCE	ADDRESS	PHONE
1	_____	_____
2	_____	_____
3	_____	_____
BANK	_____	_____
REMARKS	_____	

SIGNATURE _____

DO NOT WRITE BELOW *** FOR ALEX KARRAS LINCOLN OFFICE USE ONLY					
REF.NO.	HIGH CREDIT	NOW OWING	TERMS	HOW LONG SOLD	REMARKS
1					
2					
3					
CREDIT DEPT REMARKS					