



P.O. Box 397
 Oneco, FL 34264
 (941) 753-5131 • Fax (941) 538-0425

CREDIT APPLICATION

This form will initiate your request for open credit. Please fill out this form completely and return to Tollis Enterprises. All information furnished will be held in strict confidence and used only in connection with the extension of credit to your account.

Company Information			
AMOUNT OF CREDIT YOU WISH TO ESTABLISH:			
COMPANY NAME:			
TELEPHONE NO.		FAX NO.	
BILL TO ADDRESS:			
SHIP TO ADDRESS:			
DIVISION OF:		TELEPHONE NO.	
STATE OF INCORPORATION:		DATE ESTABLISHED:	
CHECK ONE:	PROPRIETORSHIP	PARTNERSHIP	CORPORATION
SALES TAX CERTIFICATE #: <i>(Please attach copy)</i>		FEDERAL TAX ID#:	
Principals and Officers	Title	Social Security #	
Credit References			
COMPANY	ADDRESS	PHONE/FAX	
1.			
2.			
3.			
Bank References			
BANK NAME	ADDRESS	PHONE/FAX	
CONTACT PERSON:		ACCOUNT #:	

AGREEMENT:

*The information you have provided shall be deemed confidential, except to the extent required to verify the information contained herein. By signing below you agree to be individually, together with all successor and assigns and promise the prompt payment of all amounts owing on the account that may now or hereafter become due and payable to Tollis Enterprises. All payments will be made to: **Tollis Enterprises P.O. Box 397, Oneco, Florida 34264** which is the agreed site of any collection action that may be brought on this account. In the event of such action, you agree to pay all service charges, collection cost, court costs, and reasonable attorney fees. If you object to any invoice charge or the quality of any product you must notify Tollis Enterprises in writing within 10 days of the date of the invoice, statement of account or delivery at the address specified above.*

Name of Firm or Corporation _____
 Signature _____ Title _____
 Dated this _____ day of _____, 20____. City _____ County _____ State _____.