

SSNF, LLC

Solidification Services of North Florida, LLC

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS INFORMATION

Company name:

Phone:

Fax:

E-mail:

Billing & shipping address:

City:

State:

ZIP Code:

Date business commenced:

Organization:

Tax ID #:

D&B #:

Officers/Owners:

Accounts Payable contact:

Email:

Is a PO required for each invoice?:

CREDIT INFORMATION

Primary business address:

City:

State:

ZIP Code:

How long at current address?

Bank name:

Account #:

Bank address:

Phone:

City:

State:

ZIP Code:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

SIGNATURE

Name/Title: _____

Signature: _____