



(941) 739-8883 FAX: (941) 753-8346

### Credit Application

Email: RElliott@ad-vance.com

Company Name: \_\_\_\_\_ Doing Business As: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Main Phone: \_\_\_\_\_ Fax # \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State County Zip

Billing Address (if different): \_\_\_\_\_  
Street/PO Box City State County Zip

Dun & Bradstreet #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Standard Payment Terms: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_

Complete for Sole Proprietor or Partnership (Circle which):

Owner Name: \_\_\_\_\_

Resident Address: \_\_\_\_\_  
Street City State County Zip

#### Bank References

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_

#### Business References

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Contact: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Type of Business: \_\_\_\_\_

I certify that the information provided on this application is true. I understand by the signature below, that you have my permission to utilize other sources of credit information, including personal credit report on owners of this company, in connection with approval of this application.

Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Ad-VANCE Approval \_\_\_\_\_ Credit Amount \_\_\_\_\_