



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

Credit Application

Email: payroll@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 _____