



12850 34th St. N., Clearwater, FL 33762 Phone 727 561-9200 Fax 727 561-9255

APPLICATION FOR CREDIT Please print or type

Barcelona Equipment Salesman: _____

Business Name: _____

DOES YOUR COMPANY REQUIRE PURCHASE ORDERS? _____

Physical Address: _____

Billing Address if different: _____

Business Number _____ **Fax:** _____

Contact Name: _____ **Title:** _____

Description of Business: _____ **Est.:** _____

Type of Business: _____ **Sole Proprietorship** _____ **Partnership** _____ **Corporation** _____ **LLC** _____ **Other**

Date of Incorporation: _____ **State of Incorporation:** _____

Federal Id # _____ **# of Employees** _____

Bank Reference: _____ **Phone:** _____

REFERENCES

- | | |
|-------------------------|------------------------|
| 1. NAME: _____ | 2. NAME: _____ |
| ADDRESS: _____ | ADDRESS: _____ |
| CITY, STATE, ZIP: _____ | CITY STATE, ZIP: _____ |
| PHONE: _____ | PHONE: _____ |
| FAX: _____ | FAX: _____ |
| 3. NAME: _____ | 4. NAME: _____ |
| ADDRESS: _____ | ADDRESS: _____ |
| CITY, STATE, ZIP: _____ | CITY STATE, ZIP: _____ |
| PHONE: _____ | PHONE: _____ |
| FAX: _____ | FAX: _____ |

Personal Information **Owner/Principal/Guarantor**

Name and Title: _____

SIGNATURE of Owner/Principals or Authorized Officer or Partner

Applicant and each other person signing below warrants that the information provided herein or in connection with this application is true and correct and authorizes the release of such information to any party, including Barcelona Equipment, Inc., who may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus or other creditors, all of which are hereby authorized to release any credit/financial information concerning applicant or such person as such party may deem appropriate.

By: _____ Title: _____

Terms of Invoices are due upon receipt.