



Specialty Products of America  
 1630-A Old Bainbridge Rd  
 Tallahassee FL 32303  
 (850) 575-0921  
 (850) 270-6899 (Fax)

**Credit Application**

Date \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Business Phone No. \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Business Established \_\_\_\_\_

Business is:      Incorporated ( )      Partnership ( )      Sole Proprietorship ( )

List any DBA's (doing business as) \_\_\_\_\_ Estimated Purchases \_\_\_\_\_

**LIST EACH PRINCIPAL(S):**

President \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residence Address \_\_\_\_\_

Vice President \_\_\_\_\_ Phone Number \_\_\_\_\_

Residence Address \_\_\_\_\_

Secretary \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residence Address \_\_\_\_\_

Treasurer \_\_\_\_\_ Phone Number: \_\_\_\_\_

Residence Address \_\_\_\_\_

BLANKET CERTIFICATE OF RESALE

**This is to certify that all material, merchandise, or goods purchased by the undersigned from Specialty Products of America after \_\_\_\_\_ (date) is purchased for the following purpose:**

- ( ) Resale as tangible personal property.
- ( ) To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.
- ( ) To be exported for sale, use, or consumption outside the continental limits of the United States.
- ( ) Other: \_\_\_\_\_

This certificate shall be considered as a part of each order which we shall give provided such order contains our certificate number. This certificate is to continue in force until such time it is revoked.

CERTIFICATE NUMBER \_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Please print and sign your name

## BUSINESS REFERENCES

1. Reference Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

2. Reference Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

3. Reference Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

4. Reference Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

### BANKING INFORMATION:

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

\*\*\*\*\* Application for credit is hereby made and the above references given. It is understood this information will be held in strictest confidence and used only by the Credit Department for the purpose of granting a line of credit.

### TERMS AND CONDITIONS

*The Applicant agrees that payment will be made in accordance with terms stated on each invoice, and understands that orders may be delayed from shipment due to late payment or non payment.*

*The undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct and complete, agrees that any credit extended shall be in accordance with the terms and conditions set forth in this application, and agrees to be bound by them.*

*The undersigned agrees to keep this application and the information contained in it current and to immediately notify creditors of any and all changes in the information provided. Further, the undersigned understands and gives Specialty Products of America. authorization to inquire and pull credit reports and contact credit references for the sole purpose of granting a line of credit.*

BY: \_\_\_\_\_  
Applicant's signature