



Credit Application

General Business Information

Legal Business Name: _____

Parent/Affiliated Companies (if applicable): _____

Street Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____

Phone: (____) _____

Fax: (____) _____

Fax: (____) _____

Federal Tax ID#: _____

Dun & Bradstreet #: _____

Type of Business: ☐ Individual ☐ Partnership ☐ Corporation

Estimated Annual Sales: _____

Years in Business: ____ Year of Inc: ____ State of Inc: ____

Credit Requested: _____

Are purchase orders used? ☐ Yes or ☐ No

Individual responsible for Invoices: _____

Individual's email address: _____

Name of owner, partner or officers and titles if Incorporated:

Name: _____

Name: _____

Title: _____

Title: _____

Home Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Social Security #: _____

Social Security #: _____

TRADE REFERENCE INFORMATION

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Phone #: (____) _____

Phone #: (____) _____

Fax #: (____) _____

Fax #: (____) _____

Acct. #: _____

Acct. #: _____

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

Phone #: (____) _____

Phone #: (____) _____

Fax #: (____) _____

Fax #: (____) _____

Acct. #: _____

Acct. #: _____



Bank Reference Information

Bank Name: _____
Contact: _____
Address: _____
City: _____
Phone #: _____
Fax #: _____
Checking Acct. #: _____
Savings Acct. #: _____
Loan Officer: _____
Loan #: _____

Bank Name: _____
Contact: _____
Address: _____
City: _____
Phone #: _____
Fax #: _____
Checking Acct. #: _____
Savings Acct. #: _____
Loan Officer: _____
Loan #: _____

Landlord/Mortgage Information

☐ Own Landlord/Mortgage Holder: _____
☐ Rent Address: _____
City: _____ State: _____ Zip: _____
Phone #: (____) _____ Phone #: (____) _____

This application is submitted for the purpose of obtaining credit with 1st On Call, Inc. and is warranted to be true. By signing this application, the undersigned acknowledges that he/she is authorized to execute this application and to obligate the company to make payment in full for all amounts due according to invoice on or before the net due date. Additionally, the undersigned will be responsible for all collection costs and attorney fees, with or without lawsuit, in order to collect any delinquent moneys. The undersigned hereby authorizes 1st On Call, Inc. to make such inquiries (corporate/personal) as are necessary to obtain credit information and authorizes the bank(s) of record to release information regarding account(s).

Signature of authorized owner, partner or corporate officer required.

1st On Call, Inc. reserves the right to request business or personal financial statements for all owners and officers. Decisions on credit may be withheld pending receipt. 1st On Call, Inc. reserves the right to determine all terms of credit. Please return a completed and signed application to:

1st On Call, Inc.,
Attn: Credit Manager
700 N. Jefferson Ave
Clearwater, FL 33755
Fax number 1-800-476-1336

Signature of owner, partner, or officer: _____

Date: _____

Printed name of signer: _____

Title: _____