

**NEW
ACCOUNT
CREDIT INFORMATION**

UPDATED 08.01.12 Pinellas Park, FL 33781



Phone 727.528.2111
Toll Free 800.777.5800
Fax 727-528-8441

Please Furnish All Information Requested

NAME OF FIRM _____ DATE SUBMITTED _____

DBA _____ PARENT CO. _____ FED. I.D. # _____

BILLING ADDRESS _____ D & B RATING # _____

SHIPPING ADDRESS _____ RESALE PERMIT # _____

OF OUTLETS _____ (please attach list) TAXABLE NON-TAXABLE _____ TYPE _____

CITY _____ STATE _____ ZIP _____ CORPORATION PARTNERSHIP PROPRIETORSHIP

PHONE () _____ FINANCE CONTACT _____ # OF YEARS IN BUSINESS _____

FAX () _____ **E-MAIL ADDRESS** _____

AUTHORIZED BUYERS _____

WHO DO WE CONTACT IN REFERENCE TO PAST DUE BALANCE _____ PURCHASE ORDER REQUIRED? YES NO

NAME(S) OF PRINCIPLES:

1) NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

2) NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

3) NAME _____ ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____

BANK INFORMATION

NAME/BRANCH	ADDRESS	CITY, STATE, ZIP	ACCOUNT #	PHONE #/BANK CONTACT

TRADE REFERENCES – PLEASE LIST FOUR OR MORE OPEN ACCOUNTS

NAME	ADDRESS	CITY, STATE, ZIP	ACCOUNT #	AREA CODE, PHONE #

PLEASE CHECK ONE: NEW ACCOUNT EXISTING ACCOUNT
 ARE ORDERS ATTACHED YES NO IF NO, PLEASE USE THIS FORM TO ESTABLISH CREDIT FOR FUTURE ORDERS
 IT IS NECESSARY TO COMPLETE THIS FORM IF YOU ARE CURRENTLY ESTABLISHED WITH US ON A C.O.D. BASIS AND YOU DESIRE NET TERMS, OR IT HAS BEEN OVER ONE YEAR SINCE YOUR LAST ORDER.

Credit Line Desired (this figure is essential) _____ \$ _____

Estimated Annual Volume with Get Reel...Get Fish _____ DOZ AND/OR \$ _____

Most recent financial statement, including balance sheet & operation statement, is attached Yes Are your borrowings: Secured Insured Both
 We understand Credit Terms are _____ and agree to meet these requirements if credit is extended.

CONDITIONAL CREDIT CARD INFORMATION

We also agree that if our account reaches 45-days from date of invoice, we authorize you to charge the following credit card: Visa MC Disc AmEx

Card Number: _____ Date or Exp _____ Card Code _____ Authorized Signature: _____

This provides us with assurance of payment, while providing you with an additional 30 days, if needed. Thank you for understanding the necessity for this provision.
 We hereby certify that all statements in this application are true and complete, and are made for the purpose of obtaining credit. We the undersigned personally guarantee all obligations incurred, and agree to pay all reasonable collection costs including legal fees. I have read and understand the terms of sale as outlined on the Native Sun order form and agree that all terms apply to all transactions.

Signature _____ Name _____ Title _____ Date _____
(Individual)

Signature _____ Name _____ Title _____ Date _____
(Individual)

Signature _____ Name _____ Title _____ Date _____
(Individual)

FOR OFFICE USE ONLY: Credit Approved Limit _____ Credit Denied Reason _____
 Approved by: _____ Date _____