



CREDIT APPLICATION

GENERAL BUSINESS INFORMATION

Full Legal Business Name/DBA or AKA Name:

Phone:	Fax:	E-mail:	
Registered address:		D&B #:	
City:		State:	ZIP Code:
Date business commenced:		Type of Business:	
SP-Sole proprietorship: <input type="checkbox"/>	PS-Partnership: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>
Principal/Owner/Officer:		SS#/TAX ID#:	
Resale Cert #:		MUST ATTACH A COPY OF RESALE CERTIFICATE	
Accounts Payable Contact:		TEL #/EMAIL:	
# of Employees:	Annual Sales: \$	Requested Credit Limit: \$	

BUSINESS AND CREDIT INFORMATION

Billing address (if different from above):		State:	ZIP Code:
City:			
How long at current address?	Fax:	E-mail:	
Telephone:			
Bank name:		Contact Name/Phone:	
Bank address:			
City:		State:	ZIP Code:

TYPE OF ACCOUNT	ACCOUNT NUMBER
Savings	
Checking	
Other	

BUSINESS/TRADE REFERENCES

Company name:			
Address:		State:	ZIP Code:
City:	Fax:	E-mail:	
Phone:			
Type of account:			

Company name:			
Address:		State:	ZIP Code:
City:	Fax:	E-mail:	
Phone:			
Type of account:			

Company name:			
Address:		State:	ZIP Code:
City:	Fax:	E-mail:	
Phone:			
Type of account:			

AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice. All balances over 30 days are subject to maximum interest rate allowable by law plus all collection costs/attorney fees.
- By submitting this application, you authorize Advantus Corp. to make inquiries into the banking and business/trade references that you have supplied and/or pull a credit report on the company/principal owner.

OFFICER ONLY PRINT NAME:	SIGNATURE: DATE:
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PLEASE FAX APPLICATION TO (904) 482-0101 OR EMAIL A SCANNED APPLICATION TO AR@ADVANTUS.COM. YOU WILL RECEIVE A RESPONSE WITHIN 72 HOURS.