

## **GATOR FORD**

## Credit/Vendor Application and Payment Terms

## IMPORTANT: READ THOROUGHLY & COMPLETE ENTIRELY TO INSURE PROMPT CREDIT APPROVAL

BUSINESS NAME:				
STREET ADDRESS:				
CITY:	STATE:	ZIP:		
BUSINESS PHONE:	BUSINESS FAX:			
TYPE OF BUSINESS	HOW LONG IN BUSINESS:			
CORPORATION: ( ) DATE INC.:	SOLE PROP. ( )	SOLE PROP. ( ) PARTNERSHIP ( )		
FEID#:TAX ID	#:			
OFFICERS, OWNERS, TITLE				
BANK NAME:	CHECKING ACCOUNT #:			
Credit Amount Requested:\$				
TRADER REFERENC	ES: (THREE REQUIRED WITH PROVID	DED TELEPHONE & FAX #'S)		
NAME:	PHONE:	FAX:		
ADDRESS:		ZIP:		
NAME:	PHONE:	FAX:		
ADDRESS:		ZIP:		
NAME:	PHONE:	FAX:		

PENALITIES WILL BE CHARGED FOR ACCOUNTS IN ARREARS. SHOULD CREDIT BE EXTENDED, APPLICANT AGREES TH VENUE FOR ANY AND ALL LEGAL ACTIONS OR SUITS FOR COLLECTION OF ACCOUNT BE IN HILLSBOROUGH COUNTY, FLORIDA AND HE/SHE/IT SHALL BE LIABLE FOR SAID COSTS OF COLLECTION AND REASONABLE ATTORNEY'S FEE. SUBMIT PAYMENTS TO: GATOR FORD 11780 TAMPA GATEWAY BLVD SEFFNER, FL 33584.  PLEASE PROVIDE CONTACT INFORMATION FOR ACCOUNT INQUIRIES:  NAME:  PHONE NUMBER:  EMAIL:  WHERE ARE INVOICES TO BE SENT:  SIGNATURE OF OFFICER/OWNER:  DATE:	ADDRESS:		ZIP:	
PHONE#:	OWNER'S NAME:	DATE OF BIRTH		
NAME:	ADDRESS:	STATE:	ZIP:	
ADDRESS:	PHONE#:			
OWNER'S NAME:	NAME:	PHONE:	FAX:	
ADDRESS:	ADDRESS:		ZIP:	
PAYMENT TERMS: PAYMENT IN FULL IS DUE WITHIN THIRTY DAYS OF REPAIR FINAL INVOICE DATE, INTEREST AND PENALITIES WILL BE CHARGED FOR ACCOUNTS IN ARREARS. SHOULD CREDIT BE EXTENDED, APPLICANT AGREES TH VENUE FOR ANY AND ALL LEGAL ACTIONS OR SUITS FOR COLLECTION OF ACCOUNT BE IN HILLSBOROUGH COUNTY, FLORIDA AND HE/SHE/IT SHALL BE LIABLE FOR SAID COSTS OF COLLECTION AND REASONABLE ATTORNEY'S FEE. SUBMIT PAYMENTS TO: GATOR FORD 11780 TAMPA GATEWAY BLVD SEFFNER, FL 33584.  PLEASE PROVIDE CONTACT INFORMATION FOR ACCOUNT INQUIRIES:  NAME:  PHONE NUMBER:  EMAIL:  WHERE ARE INVOICES TO BE SENT:  SIGNATURE OF OFFICER/OWNER:  DATE:  DATE:	OWNER'S NAME:	DATE OF BIRTH		
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WHERE ARE INVOICES TO BE SENT:  SIGNATURE OF OFFICER/OWNER:  DATE:	NAME:			
SIGNATURE OF OFFICER/OWNER:DATE:	PHONE NUMBER:			
SIGNATURE OF OFFICER/OWNER:DATE:	EMAIL:			
	WHERE ARE INVOICES TO BE SENT:			
PRINTED NAME:	SIGNATURE OF OFFICER/OW	NER:	DATE	:
	PRINTED NAME:			