



Splendor Proteas, LLC.
P.O. Box 223233
Hollywood, FL 33022
(786) 942-4870

Credit Application

Company Information:

Legal Business Name: _____ In Business since: _____

DBA: _____ Fed. Tax ID #: _____

Telephone #: _____ Fax #: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

Type of Organization: Proprietorship Partnership Limited Partnership Corporation

Resale Permit # _____

Owner: _____ Social Security #: _____

CEO: _____ Social Security #: _____

Bank Reference:

Bank Name: _____ Account#: _____

Contact: _____ Telephone #: _____ Fax #: _____

Address: _____ City: _____ Sate: _____ Zip Code: _____

Trade References (3 Largest Suppliers):

1) Name: _____ Telephone#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2) Name: _____ Telephone#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

3) Name: _____ Telephone#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Personal Guarantee:

Whereas _____ (Customer) S.S. # _____, hereby personally guarantee any and all credit extended to my company. I will be personally liable for all balances due including costs of collection, legal costs and court costs should that become necessary.

Signature: _____ Date: _____

Print Name of Customer: _____

I the undersigned do hereby authorize Splendor Proteas LLC, to verify any and all bank references listed on my application for credit.

Signature of Primary Signer: _____ Date: _____

Print Name of Primary Signer: _____

Customer Home Address: _____

Customer Home Phone #: _____