



890 Carter Road #150
 Winter Garden, FL 34787
 Tel: 407-656-3719 Fax: 407-656-5474

CREDIT APPLICATION

Business Name	Telephone Number
Street Address	Fax Number
City, State and Zip Code	Year Business Started
Primary Business Activity	Type of Business (circle one) Proprietorship Partnership Corporation
Federal Employment ID or SS#	Sales Tax (circle one) Yes No (Attach certificate with number)
Contact Name	Estimated Credit Requirement

COMPANY PRINCIPALS

Name	Title	Social Security Number
Home Address	City, State, Zip	Home Telephone Number
Name	Title	Social Security Number
Home Address	City, State, Zip	Home Telephone Number

TRADE REFERENCES

Name	City, State, Zip	Telephone
Name	City, State, Zip	Telephone
Name	City, State, Zip	Telephone

BANK REFERENCES

Name / City / State	Account Number	Telephone
Name / City / State	Account Number	Telephone
Name / City / State	Account Number	Telephone

Terms of Credit

I/We hereby authorize SystemsStore, Inc., and its agents, to investigate my/our financial responsibility and the financial responsibility of the above identified company, including but not limited to credit worthiness, depository relationships with banks, and credit records. I/We agree to provide financial statements, tax returns, and similar documents as deemed necessary by SystemsStore, Inc. in considering this credit application.

I/We understand that the terms of credit are NET 20 DAYS FROM DATE OF INVOICE, and that I/We are opening this SystemsStore account under that basis. A service charge of 1.5% per month will be levied on all invoices not paid by their due date. I/We also understand that if balances due are not paid in a timely way within the terms of the Privacy Policy and User Agreement, I/We and/or the above identified company will be responsible to SystemsStore, Inc. for any and all reasonable attorneys' and collection fees incurred by SystemsStore, Inc. in obtaining full payment.

I/We hereby certify that the above information is true and correct to the best of my/our knowledge, and that I/We understand and agree to the above stated terms of credit.

Principals Signature _____ Title _____ Date _____

Partner/Spouse Signature _____ Title _____ Date _____