

CREDIT APPLICATION

BODI COMPANY, INC.
5530 COMMERCIAL BLVD.
WINTER HAVEN, FL 33880
PHONE: (863) 551-3388
FAX: (863) 551-3399

WE HEREBY apply for credit in accordance with the terms of Net 30 days. The following information must be completed in full, and will be held in the strictest confidence.

Company Name: _____

Mailing Address: _____

City, State, Zip: _____

Shipping Address: _____

Telephone & Email: _____

Type of Business: _____

OWNERSHIP Sole Owner Partnership Corporation (Years Of Incorporation)

Principals (Name, Title, Email, Phone)

1) _____

2) _____

FINANCE (Bank Name, Address, City, State, Zip)

Bank: _____

Account No. _____

Contact Name: _____

Phone: _____

Branch: _____

Email: _____

In the event that your bank refuses to answer a credit reference or requires payment for issuing a credit reference. You will be required to submit to us your bank's credit reference documents. This either needs to be our bank credit reference form or your banks equivalent of a credit reference document filled out and certified by your bank.

TRADE REFERENCES (Name, Address, City, State, Zip)

1) _____ Email _____

Phone _____

2) _____ Email _____

Phone _____

3) _____ Email _____

Phone _____

4) _____ Email _____

Phone _____

Check here if cash and credit card sales are okay until credit is approved.

We certify that the above information is true and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit. We understand that invoices past 30 days are subject to service charges of 1.5% per month.

Signed (Officer Signature Required) _____

Title _____

Date _____

FOR OFFICE USE ONLY

References checked by: _____

Date: _____

Credit approved by: _____