



**BUSINESS INFORMATION (APPLICANT)**

|  |                           |
|--|---------------------------|
| COMPANY NAME   | TODAY'S DATE (mm/dd/yyyy) |
| OWNER'S NAME   | YEAR ESTABLISHED          |
| WEBSITE  |                           |
| BUSINESS TYPE (Sole Proprietorship, Partnership, Corporation...) |                           |
| FEDERAL TAX ID OR RESALE TAX ID                                  | JBT ID                    |
| CONTACT PERSON   | TITLE                     |
| CONTACT PHONE  |                           |
| CONTACT EMAIL  |                           |

**AUTHORIZED BUYER**

|                                       |                             |
|---------------------------------------|-----------------------------|
| NAME (Owner, contact person or other) | EMAIL (If not stated above) |
|---------------------------------------|-----------------------------|

**REGISTERED COMPANY ADDRESS**

|        |       |
|--------|-------|
| STREET | SUITE |
| CITY   | STATE |
|        | ZIP   |

**PRIMARY BUSINESS ADDRESS (if different) OR SHIPPING ADDRESS**

|        |       |
|--------|-------|
| STREET | SUITE |
| CITY   | STATE |
|        | ZIP   |

AT CURRENT ADDRESS SINCE \_\_\_\_\_

**BANK REFERENCES**

|  |       |
|--|-------|
| BANK NAME  |       |
| BRANCH ADDRESS                                       |       |
| CONTACT  |       |
| ACCOUNT NUMBER                                       |       |
| TYPE OF ACCOUNT (Business, Checking, Savings, Other) | PHONE |

Have you ever filed a petition for bankruptcy?  no  yes if yes, when? \_\_\_\_\_

The Applicant will  email  mail a copy of their retail sales tax permit, vendor's license, or other evidence that they are approved for retail sales in their state.

The undersigned ("Applicant") is applying for credit with Tracy Arrington Studios ("Company") and agrees to abide by the terms and conditions of the Company's standard contract as stated on page 2.

**CREDIT APPLICATION**

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### TRADE REFERENCES

|               |                                 |       |
|---------------|---------------------------------|-------|
| BUSINESS NAME |                                 |       |
| CITY          | STATE                           | ZIP   |
| CONTACT NAME  |                                 | EMAIL |
| PHONE NUMBER  | LENGTH OF BUSINESS RELATIONSHIP |       |
|               |                                 |       |
| BUSINESS NAME |                                 |       |
| CITY          | STATE                           | ZIP   |
| CONTACT NAME  |                                 | EMAIL |
| PHONE NUMBER  | LENGTH OF BUSINESS RELATIONSHIP |       |
|               |                                 |       |
| BUSINESS NAME |                                 |       |
| CITY          | STATE                           | ZIP   |
| CONTACT NAME  |                                 | EMAIL |
| PHONE NUMBER  | LENGTH OF BUSINESS RELATIONSHIP |       |

### CREDIT TERMS AND CONDITIONS

1. The Applicant declares that the above information is true and complete.
2. The Applicant acknowledges that this credit application is for the extension of credit for business purposes only.
3. The Applicant authorizes the Company to make such credit investigation as the Company sees fit, including contacting the above trade references and banks and obtaining credit reports.
4. The Applicant authorizes all trade references, banks and credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself.
5. Should credit terms be granted by Creditor, all credit shall be extended at the sole discretion of Creditor. Creditor may increase, decrease or terminate any credit availability at any time in its sole discretion.
6. All Net 30 invoices are due thirty days from invoice date. Any claims arising from invoices must be made within seven working days of invoice due date. A service charge of 1% per month or (12% per annum) is assessed on delinquent invoices.
7. This credit agreement is governed by the laws of the state of Florida. Further, the undersigned submits himself/herself to the jurisdiction of the courts of Florida in the event suit is brought.
8. The undersigned agrees to pay all reasonable costs of collection, to include an initial fee of 25% of the outstanding balance, if this account is referred to an agency and/or attorney for collection. Actual collection costs may be higher.

- Applicant agrees to these terms.  
 Applicant agrees that a facsimile or emailed copy of the signature shall be accepted as the original.

CREDIT APPLICATION

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|                      |       |
|----------------------|-------|
| AUTHORIZED SIGNATURE | DATE  |
| NAME                 | TITLE |