

Credit Application

S&P Credit Department
 6393 Powers Ave.
 Jacksonville, FL 32217
 p. 904.731.4711 f. 904.732.6075



Date _____
 Branch Location? Yes No

COMPANY INFORMATION			
Company Name:		Date business established:	
Phone:	Fax:	Website:	
Physical Address:		# of Employees:	
Billing Address:		Form of Ownership:	
Name, Title and Phone # of person who makes payment decisions		Parent Company (if any):	
Amount of Credit Requested:		Phone:	Fax:
Parent Company Address:		Parent Company Address:	
BANK INFORMATION		CREDIT REFERENCES	
Please fill banking info. Completely, bank will not supply without.		Please list name, phone number, fax number, contact & address of four financial references.	
Bank Name:		1.	
Phone:	Fax:	2.	
Bank Address:		3.	
Bank Contact:		4.	
Bank Account #:			
Bank Routing #:			
Federal ID #:	D&B #:		
COMPANY CONTACTS			
Please list names, titles, phone/fax, email address.			
President/Owner:		Title:	
Phone:	Fax:	E-mail:	
Sales Contact:		Title:	
Phone:	Fax:	E-mail:	
Accounting:		Title:	
Phone:	Fax:	E-mail:	
AUTHORIZATION			
I certify that I am a legally authorized officer/agent for the firm, and attest that the information submitted on this credit application is true and correct. I also certify that the firm is current in its accounts and has no outstanding collection actions pending by any private governmental agency.			
In addition, in consideration and to assist in the processing of this request for credit, authorization is given for Soler & Palau USA to contact any of the credit references given on this form to access our credit performance. Terms of sale are stated in each pricebook. Consideration of this application is based on assurances by the applicant all payments will be made in accordance with the published terms of Soler & Palau.			
SIGNATURES			
Seller		Buyer	
(signature)	(date)	(signature of authorized officer/agent)	(date)
(name-print)		(name-print)	
(title)		(title)	