



**Credit Application**

3401 NW 82 Avenue, Suite 106, Doral, FL 33122 Tel: (305) 513-9540 Fax: (305) 513-0579 [www.shiplilly.com](http://www.shiplilly.com)

*Please complete all the information, sign, and fax back to (305) 513-0579 – Thank you!*

**COMPANY NAME & ADDRESS**

Legal Company Name (Please Type or Print)

DBA Name (if it is different from legal name)

Billing/Mailing Address

City/State/Zip

Equipment Location

City/State Zip

Accounts Payable Contact

Phone

Fax

**COMPANY PROFILE**

Check One:  Corporation  LLC  Partnership  Proprietorship  Sub-Chapter S Corporation

Date Company Established

Tax ID Number

Resale No.

Dun & Bradstreet (D &B) No.

# of Years in Business

Taxable

Tax Exempt *(Please provide a copy of tax exemption certificate)*

President/CEO:

Treasurer/Controller:

VP/Finance:

Accounts Payable Manager:

Principle Name:

Social Security Number:

Title:

Home Address:

Principle Name:

Social Security Number:

Title:

Home Address:

**BANK REFERENCE**

Bank Name:

Account No:

Bank Address:

Contact Name:

Phone:

Fax:

**TRADE REFERENCES**

Company Name

Contact Person's Name

Phone

Fax

Company Name

Contact Person's Name

Phone

Fax

Company Name

Contact Person's Name

Phone

Fax

The undersigned certifies that all information in this credit application is complete, factual and correct, and understands the supplier will rely on the accuracy of this information for any credit that may be extended. Supplier or their agent is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this credit application.

Authorized Signature

Authorized Person's Name *(Please type or Print)*

Title

Date