



6350 New Hope Road, Orlando, Florida 32824 | T 407.418.9590 | F 407.386.6019 | info@boggycreektrees.com

---

## **Business Credit Application**

### **Billing Information**

Full Legal Name: \_\_\_\_\_

FEIN #: \_\_\_\_\_

Business Tel: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Business Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### ***Shipping Address (If Different)***

Shipping Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you been in business? \_\_\_\_\_

Type of Business: \_\_\_\_\_

Annual Sales Volume: \_\_\_\_\_

Estimated Yearly Purchases: \_\_\_\_\_

Principal Authorized Officer: \_\_\_\_\_

Title(s): \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_

Duns Number: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Bank References**

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Trade References (Must provide 3)**

Name : \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name : \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name : \_\_\_\_\_

Account Number: \_\_\_\_\_

Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

THE UNDERSIGNED, BY THE EXECUTION OF THIS CREDIT APPLICATION, AGREES THAT IT SHALL PAY FOR ALL OUTSTANDING BALANCES PER TERMS

AS AGREED BETWEEN BOTH PARTIES. IN THE EVENT THIS ACCOUNT IS REFERRED TO ANY ATTORNEY FOR COLLECTION, THE PARTIES AGREE THAT

AN ADDITIONAL TWENTY-FIVE (25%) OF THE OUTSTANDING BALANCE DUE WILL BE PAID AS ATTORNEY'S FEES.

Auth. Signature \_\_\_\_\_

(Print Name) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**INDIVIDUAL PERSONAL GUARANTEE**

I, (NAME) \_\_\_\_\_ RESIDING AT (ADDRESS) \_\_\_\_\_  
\_\_\_\_\_ FOR AND IN CONSIDERATION OF YOUR EXTENDING  
CREDIT AT MY REQUEST TO (COMPANY) \_\_\_\_\_  
(HEREINAFTER REFERRED TO AS THE "COMPANY"), OF WHICH I AM (TITLE) \_\_\_\_\_,  
HEREBY PERSONALLY GUARANTEE TO YOU THE PAYMENT AT FOX BUSINESS SYSTEMS . IN THE STATE OF  
KANSAS ANY OBLIGATION OF THE COMPANY AND I HEREBY AGREE TO BIND MYSELF TO PAY YOU ON  
DEMAND ANY SUM WHICH MAY BECOME DUE TO YOU BY THE COMPANY WHENEVER THE COMPANY  
SHALL FAIL TO PAY THE SAME. IT IS

UNDERSTOOD THAT THIS GUARANTEE SHALL BE A CONTINUING AND IRREVOCABLE GUARANTEE AND  
INDEMNITY FOR SUCH INDEBTEDNESS OF THE COMPANY. I DO HEREBY

WAIVE NOTICE DEFAULT, NON-PAYMENT AND NOTICE HEREOF AND CONSENT TO ANY MODIFICATION  
OF RENEWAL OF CREDIT AGREEMENT HEREBY GUARANTEE.

Auth. Signature \_\_\_\_\_

(Print Name) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Credit Application must be signed and e-mailed or faxed to Debbie.

E-mail: [Debbie@boggycreektrees.com](mailto:Debbie@boggycreektrees.com) OR Fax: 407-386-6019