



6155 Old Kings Road Jacksonville, FL 32254  
904-378-0006 904-378-0039 fax

## CREDIT APPLICATION AND AGREEMENT

### A. APPLICANT

Legal Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Person to contact about account \_\_\_\_\_  
Type of business \_\_\_\_\_ How Long \_\_\_\_\_

Are PO's required yes/no      Are employee signatures accepted yes/no

### B. BUSINESS INFORMATION

Sole Proprietorship Name \_\_\_\_\_ SS# \_\_\_\_\_  
Partnership Name \_\_\_\_\_ SS# \_\_\_\_\_  
Name \_\_\_\_\_ SS# \_\_\_\_\_  
Corporation President \_\_\_\_\_ SS# \_\_\_\_\_  
Vice President \_\_\_\_\_ SS# \_\_\_\_\_  
Secretary \_\_\_\_\_ SS# \_\_\_\_\_  
Treasurer \_\_\_\_\_ SS# \_\_\_\_\_

Federal Tax No. \_\_\_\_\_

### C. BANKING INFORMATION

Name of bank \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Officer Contact \_\_\_\_\_  
Account Number \_\_\_\_\_ Type \_\_\_\_\_  
Account Number \_\_\_\_\_ Type \_\_\_\_\_

**D. TRADE REFERENCES**

Business Name	Contact Person	Business Address	Phone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize **TROYZ TOWING** to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for the periodic review for the purpose of maintaining the credit relationship.

CREDIT POLICY: Statements are rendered as of the **last day of the month**

CREDIT TERMS: All invoices are due **10 days after the statement date.**

VENUE: All amounts due for services rendered from **TROYZ TOWING** are payable at **6840 Keithan Road Jacksonville, FL 32220.** It is further agreed that this agreement is

Entered into the state of Florida and is governed by the laws of the state of Florida

CHANGE OF OWNERSHIP: I/We understand that we must notify **TROYZ TOWING** in writing and by certified mail of any change in ownership, the name of the business or structure of the business under which credit is established. In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and /or costs of collection whether or not suit is filed.

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY,  
ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE  
WITH THE ABOVE TERMS:

Firm Name: \_\_\_\_\_  
By: \_\_\_\_\_ Title \_\_\_\_\_  
By: \_\_\_\_\_ Title \_\_\_\_\_

**PERSONAL GUARENTEE**

For valuable consideration, the receipt of which is acknowledged, including but not limited to the extension of credit by **TROYZ TOWING** to \_\_\_\_\_ the undersigned individually, jointly and severally, unconditionally guarantee(s) to **TROYZ TOWING** the full and prompt payment by \_\_\_\_\_, of all obligations which Guarantor presently or hereafter may have to **TROYZ TOWING** and payment when due of all sums presently or hereafter owing by Guarantor to **TROYZ TOWING** Guarantor agrees to Indemnify **TROYZ TOWING** against any losses **TROYZ TOWING** may sustain and expences **TROYZ TOWING** may incur as a result of any failure of guarantor to perform including reasonable attorneys fees and all costs and other expences incurred in collecting or compromising any indebtness of debtor guaranteed hereunder or in enforcing this guarenty against guarantor. This shall be a continuing Guaranty. Dilligence, Demand, Protest or notice of any kind is waived. It shall remain in full force until guarantor delivers to **TROYZ TOWING** written notice revoking it as to indebtness incurred subsequent to such delivery. Such delivery shall not affect any of guarantors obligations hereunder with respect to indebtteness heretofore incurred.