

ONLY THE SUN SETS BETTER IN THE KEYS YOUR BEST CHOICE FOR DAILY SERVICE TO THE FLORIDA KEYS

APPLICATION FOR CREDIT

BUSINES INFORMATION	
Company Name:	Description of Business:
Address:	F.E.I Number:
City/State/Zip:	No. of Years Established:
State of Incorporation:	☐ Corporation
Phone Number:	☐ Proprietorship
Fax Number:	☐ Partnership
Web-Site:	Number of Employees:
BUSINESS PRINCIPAL OWNERS / OFFICERS OF COMPANY	
Name / Title:	Address:
Name / Title:	Address:
BUSINESS BANK ACCOUNT	
Bank Name:	Account Number:
Bank Address:	Bank Officer:
City/State/Zip:	Phone Number:
TRADES\DEBT\LEASE\REFERENCES	
Name:	ASE/REFERENCES Account Number:
Phone Number:	Contact Person:
Name:	Account Number:
Phone Number:	Contact Person:
PAYMENT DATA	
Mailing Address:	Contact Person:
City/State/Zip:	Phone Number:
Billing Requirements:	
I authorize PGT to make a standard credit investigation on my company, its officers and principals. The undersigned authorizes that the above statements are true and is willing to pay invoices in accordance with terms.	
Authorized Signature Title	Date