

BREL International

2001 Whitfield Park Ave., Sarasota, FL 34243
Phone: (941) 758-7500 Fax: (941) 758-7556

CONFIDENTIAL APPLICATION FOR CREDIT

Name of Business: _____

Bill To: _____ Ship To: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Accounting Contact: _____

How long at current premises: _____ Established for _____ years Credit Line Requested: _____

Gross sales for the past two years: Year: _____ \$ _____ Year: _____ \$ _____

Legal Entity is: ___ Corporation ___ Partnership ___ Proprietorship Type of business: _____

Principal Officers/Owner(s) -- Complete names and addresses:

1) _____

2) _____

Any Principal ever filed Bankruptcy: ___ No ___ Yes When: _____

Bank (Checking): _____ Acct: _____ Fax: _____

Address: _____ Phone: _____

Bank (Loans): _____ Acct: _____ Fax: _____

Address: _____ Phone: _____

Trade References--Complete information will expedite approval:

1) Company Name: _____ Contact Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Fax: _____ Phone: _____

2) Company Name: _____ Contact Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Fax: _____ Phone: _____

3) Company Name: _____ Contact Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Fax: _____ Phone: _____

Our Firm is financially able to meet any commitments we will make and we expect to pay your invoices according to your terms. Our firm understands that when established terms are not complied with, they are subject to change without notification to prepaid or COD terms. Past due accounts are subject to a 1.5% monthly FINANCE CHARGE/ANNUAL PERCENTAGE RATE of 18% for past due amounts beyond the agreed to terms.

This application has been executed by an authorized agent of the applicant and hereby grants permission to contact all references required to properly ascertain the applicant's ability to meet its financial obligations. The undersigned agrees that, should this account be referred to an attorney for collection or to a collection agency, the undersigned will pay court costs, attorney's fees and collection expenses incurred in any collection proceedings, in addition to any applicable interest or service charge.

Sign: _____ **Print Name:** _____

Date: _____ Title: _____