

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