CREDIT APPLICATION

(PLEASE PRINT LEGIBLY OR TYPE)

Email completed form to: ar@flenviro.com

Florida-Spectrum Environmental Services, Inc. ● 1460 West McNab ● Ft. Lauderdale, FL 33309 ● Phone (954) 978-6400
Space Coast Laboratory ● 3390 N. Courtenay Pkwy. ● Unit A ● Merritt Island, FL 32953 ● Phone: (321) 208-8911
Big Lake Laboratory ● 610 North Parrott Avenue ● Unit B ● Okeechobee, FL 34972 ● Phone: (863) 763-3336
Spectrum Laboratories Inc. ● 108 Airport Park Drive ● Savannah, GA 31408 ● Phone: (912) 238-5050
Lakeland Laboratories ● 111 E. Easton Drive ● Lakeland, FL 33803 ● Phone: (863) 686-4271

Company Name: _____ Date Established: _____

Type of Business: _____ D&B#: _____

Type of Ownership: ☐ Corporation ☐ Partnership ☐ Individual Federal Tax ID #: _____

Are Written or Verbal Purchase Orders Required? ☐ No ☐ Yes If yes, how will P.O.# be provided to us? _____

Phone #: _____ Fax #: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing/Billing Address (if different from above): _____

Contact Person/Title: _____ Phone/Ext #: _____

Accounts Payable Contact: _____ Phone/Ext #: _____

Do you have a parent company? ☐ No ☐ Yes If yes, provide parent company name and location: _____

Officer, Owner, Partner Information

Name and Title: _____

Name and Title: _____

Bank Reference

Bank Name/Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Account Number(s): Checking: _____ Savings: _____

Trade References (No Utilities)

(Please provide emails and contact names)

1. Company, Account # & Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

2. Company, Account # & Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

3. Company, Account # & Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

All accounts are COD until a credit application has been completed, reviewed and approved. In consideration for extension of credit, debtor agrees to (1) Credit Terms of NET 30 DAYS from invoice date, and (2) in the event it becomes necessary for creditor to either bring suit or employ a collection agency to aid in the recovery of any debt owed by the debtor, the creditor shall be entitled to recover, in addition to the amount of debt due, all of its costs and attorney's fees. The signature below authorizes FSES to charge interest on outstanding balances OVER 30 DAYS OLD at a rate of 1.5% per month or to the extent permitted by law.
Accounts inactive for three (3) years will revert to COD terms.

We hereby authorize the above listed Bank and Trade References to release information to Florida-Spectrum Environmental Services Inc. (FSES) for use in the evaluation of the credit application. ***Credit cannot be granted without a signature acknowledging credit terms and conditions.**

Signature of Officer* _____ Date: _____

Print Officer Name and Title: _____ updated 10.30.2026.