



# CREDIT APPLICATION

(PLEASE PRINT OR TYPE)

## Florida-Spectrum Environmental Services Inc.

1460 West McNab • Ft. Lauderdale, FL 33309 • Phone (954) 978-6400 • Fax (954) 978-2233  
Lakeland Laboratories • 111 E. Easton Drive • Lakeland, FL 33803 • Phone: (863) 686-4271  
Big Lake Laboratory • 610 North Parrott Avenue • Unit B • Okeechobee, FL 34972 • Phone: (863) 763-3336 • Fax: (863) 763-1544  
Spectrum Laboratories • 108 Airport Park Drive • Garden City, GA 31408 • Phone: (912) 238-5050 • Fax: (912) 234-4815  
Pembroke Laboratory • 528 30<sup>th</sup> Street NE • Ft. Meade, FL 33841 • Phone: (863) 285-8145 • Fax: (863) 285-7030

Company Name: \_\_\_\_\_ Date Established: \_\_\_\_\_

Type of Business: \_\_\_\_\_ D&B#: \_\_\_\_\_

Type of Ownership: Corporation Partnership Individual Federal ID #: \_\_\_\_\_

Are Written or Verbal Purchase Orders Required? No Yes If yes, how will PO# be provided to FSES? \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

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: \_\_\_\_\_

Name and Title: \_\_\_\_\_

### Bank Reference

Bank Name/Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Account Number(s): Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

### Trade References (No Utilities)

**(Please provide Contact Names and fax numbers/email addresses for faster turnaround)**

1. Company, Account # & Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

2. Company, Account # & Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

3. Company, Account # & Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ 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 attorneys 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.

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. **ACCOUNTS INACTIVE FOR THREE (3) YEARS WILL REVERT TO C.O.D.**

**\*Credit cannot be granted without a signature acknowledging credit terms.**

Signature of Officer\* \_\_\_\_\_ Date: \_\_\_\_\_

Print Officer Name and Title: \_\_\_\_\_

updated 06/25/2019