

Madison Avenue Furniture International

1227 Hardin Avenue

Sarasota Fl 34234

Phone 941-355-2677 Fax 941-355-3186

CREDIT APPLICATION

COMPANY NAME: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER _____ FAX NUMBER _____

PARENT COMPANY NAMES (IF DIFFERENT THAN ABOVE)

_____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

OWNERSHIP: _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROP.

YEARS IN BUSINESS _____ DATE INCORPORATED: _____

TAX EXEMPT #: _____ (Please provide a resale certificate)

OWNER: _____ SOC.SEC. #:

REFERENCES:

BANK: _____ ACCT.#:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

TRADE NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

TRADE NAME:

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

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PHONE #:

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By signing this application, the undersigned agrees to pay all invoices within terms of agreement, unless other arrangements are made, and to pay a service charge on all overdue balances. The undersigned further agrees to pay all reasonable costs of recovering past due balances. I, the undersigned, allow Madison Avenue Furniture International to inquire into my credit background.

Authorized Signature _____

Title _____ Date _____