



FT.MYERS  
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11670 Metro Pkwy  
Fort Myers, FL 33966  
Email: accounting@allstareq.com  
Payment Terms: Net 10<sup>th</sup> Prox.

<b>Office use only</b> Received: _____ Requests sent: _____ Approved: Y__N__ Ltr Sent: _____
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## Customer Credit Application

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Local Contact Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Are You Tax Exempt? \_\_\_\_\_ *If Yes, We **MUST** have your Sales Tax Certificate for our files.*

A/P Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

A/P E-Mail Address: \_\_\_\_\_

Name Of Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The Above Business Is:

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Years In Business \_\_\_\_\_

Principal Owners or Stockholders and Titles:

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_ Title: \_\_\_\_\_

Trade References (Suppliers):

Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do You Prefer Invoices and Statements Emailed? Yes( ) No( )

Do You Require a Purchase Order Number On Each Order? Yes( ) No( )

Do You Require a Job Name/Number On Each Order? Yes( ) No( )

Do You Have Restrictions On Who Can Order Or Sign For  
Equipment? If Yes, Please Provide An Attached List Yes( ) No( )

**Please provide copy of Driver's License**

Request & Authorization To Provide Credit: Signature: \_\_\_\_\_