



**Connecting Point, Inc**

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Margate, FL 33063  
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**BUSINESS CREDIT APPLICATION**

**BUSINESS CONTACT INFORMATION**

Company name:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

Date business commenced:

How long at present location:

Web Address:

Sole proprietorship:

Partnership:

Corporation:

Other:

**BUSINESS AND CREDIT INFORMATION**

Type of Business:

License#:

Issued by:

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

**BUSINESS/TRADE REFERENCES**

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

The above information is for the purpose of obtaining credit from Connecting Point, Inc., and is warranted to be true. I/We agree to pay all bills within Terms assigned unless otherwise expressly agreed to in writing. I/We agree to pay any charges leveled for past due accounts. Further, I/We agree to pay collection costs including a reasonable attorney's fee and interest at the maximum legal rate in event of default.

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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