



3167 Winesap Way Winter Garden FL 34787
(855) 824-8016 www.TurfAddict.com

CREDIT APPLICATION

Company Information

Company Name _____ Years in Business _____

Mailing Address _____ FED ID# _____

City _____ State _____ Zip _____

Phone _____ Requested Credit Amount: _____

E-Mail _____ PO Required: Yes or No _____

Billing Address (if different than Above) _____

City _____ State _____ Zip _____

Type: Corporation LLC Sole Proprietor Partnership _____ A/P Contact: _____

Business and Credit Information

Bank Name _____ Branch _____

Bank Address _____ Phone _____

_____ Contact _____

Checking Acct. # _____ Fax _____

Trade References

Company Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Contact _____ Email _____

Company Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Contact _____ Email _____

Company Name _____ Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Contact _____ Email _____

Applicant signature warrants that the above information and related financial disclosure is true and accurate. By submitting this application you authorizing Turf Addict to make inquiries into the banking and business/trade references you have supplied. By signing this application you agree to the terms of payment (30 days) from date of invoice. I understand payment in full is required on each and every invoice or I could be subject to late fees or finance charges.

Signature _____ Title _____ Date _____

