

Drug & Cosmetic Sales Corp

Credit Application

1830 2nd Avenue North

Lake Worth, FL 33461

Phone 561-585-9030

Fax 561-585-9474

In order to open an account, please fill in this form in it's entirety, print, sign, and fax to: 561-585-9474

Company name	<input type="text"/>	Phone number	<input type="text"/>	Fax number	<input type="text"/>		
Street address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>
Form of ownership	<input type="text"/>	Year established	<input type="text"/>				
Credit amount requested	<input type="text"/>	Annual sales volume	<input type="text"/>				
Name of owners, Partners, Corporate owners	<input type="text"/>						
Person responsible for purchasing	<input type="text"/>	Accounts payable	<input type="text"/>				
Sales tax status	<input type="text"/>	If exempt, must fill in ID number	<input type="text"/>				
Bank name	<input type="text"/>	Bank address	<input type="text"/>				
Bank city	<input type="text"/>	Bank state	<input type="text"/>	Bank Zip	<input type="text"/>		
Bank contact	<input type="text"/>	Bank phone:	<input type="text"/>	Bank Fax:	<input type="text"/>		

Please list the names, addresses, and telephone numbers of the companies with whom you do business:

Company name	Address	Phone #	Fax #	Credit limit	Date opened
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					

Release: Credit terms are 30 days from date of invoice. Outstanding invoices are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons, and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances.

Signed	<input type="text"/>	Date	<input type="text"/>
Printed	<input type="text"/>		

Personal Guarantee: For the value received, the undersigned, hereby guarantees to ADCSC, Inc., prompt performance of all obligations of the above named in connection with or arising from its purchase of goods, and merchandise from ADCSC, Inc. D/B/A Drug & Cosmetic Sales Corp. The Guarantor hereby agrees to pay all costs and expenses, including reasonable attorney fees which may result in securing performances of such obligations or in enforcement of this guarantee.

Signed	<input type="text"/>	Date	<input type="text"/>
Printed	<input type="text"/>	SS #	<input type="text"/>