



**CONFIDENTIAL CREDIT APPLICATION**  
**CERTIFIED SLINGS, INC.**

310 MELODY LANE, CASSELBERRY, FL 32707  
PHONE: 407-831-7449 FAX: 407-831-8799

*For Office Use Only*  
Manager Initial WS  
Customer Type \_\_\_\_\_

Credit Line Requested \_\_\_\_\_ Salesman \_\_\_\_\_

Company Name \_\_\_\_\_ (The "Applicant")

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date Established \_\_\_\_\_ Type of Business \_\_\_\_\_ FL Sales Tax ID# \_\_\_\_\_  
(Please send copy of (FL SALES TAX CARD))

Type of Entity:  Proprietorship  Partnership  Corporation  Other: \_\_\_\_\_

If Incorporated: State \_\_\_\_\_ Year \_\_\_\_\_ Sale/Use Tax Rate \_\_\_\_\_

<u>KEY MANAGEMENT MEMBERS AND OWNERS</u>	<u>TITLES</u>	<u>% OWNERSHIP</u>
_____	_____	_____
_____	_____	_____

Bank \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Officer \_\_\_\_\_ Acct.# \_\_\_\_\_

\*\*\*PLEASE ATTACH FOUR TRADE REFERENCES, ADDRESS, PHONE, AND FAX NUMBERS\*\*\*

*The undersigned Applicant hereby represents and warrants that the information submitted in this Credit Application is true and accurate to the best of Applicant's knowledge and belief, and may be relied upon by Certified Slings, Inc. (the "Company") in making its decision whether to extend credit to Applicant for purchases which Applicant may make from time to time. Applicant authorizes its bank and suppliers to furnish the Company any information necessary to complete its evaluation of Applicant's credit history. Applicant agrees to update this information and provide a new credit application to the Company whenever there is any material change to Applicant's business or financial status. Further, by signing where indicated below, the undersigned individual hereby represents and warrants that he or she is executing this Credit Application exclusively on behalf of and for the benefit of the "Applicant" named above, and not as an agent or representative of any other person or entity, and, to the extent the foregoing representation is ever determined to be inaccurate or misleading, the undersigned shall be personally liable to the Company for any credit extended as a result of this Credit Application.*

*If the Company extends credit to Applicant, Applicant agrees that all purchases shall be subject to the Company's normal terms and conditions contained in any delivery ticket, invoice, or other form which the Company may establish from time to time. Applicant agrees that purchases shall be due and payable within thirty (30) days of receipt, unless otherwise agreed upon in writing.*

*Applicant further agrees that any past due amounts shall incur interest at the rate of eighteen percent (18%) per annum from the date due until paid, and that in the event any action is necessary, on the Company's behalf, to recover any such amounts, the Company shall be entitled to recover from Applicant all reasonable attorneys' fees, expenses, and suit costs, including those associated with any appellate proceedings or post-judgment collection proceedings, whether suit be brought or not.*

*All obligations of Applicant to the Company shall be governed by the laws of the State of Florida. Venue for any legal action hereunder shall be in Seminole County, Florida, and jurisdiction shall be vested exclusively in the Circuit Court of the Eighteenth Judicial Circuit in and for Seminole County, Florida.*

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_ Tower Industry Related? Please check YES \_\_\_ NO \_\_\_

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Certified Slings, Inc.

TRADE REFERENCES

*Please print clearly and furnish all five references.*

1.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____
2.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____
3.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____
4.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____
5.	Name	_____		
	Address	_____		
	Phone No.	_____	Fax No.	_____
	Acct. No.	_____	Contact:	_____