



# Suntech Doors

1-941-351-5529 Fax 1-941-351-5298  
1633 Northgate Blvd Sarasota Fl 34234-2117

ORDERS WILL BE C.O.D. UNTIL CREDIT INFORMATION IS ON FILE AND A CREDIT INVESTIGATION IS COMPLETED. INCOMPLETE INFORMATION WILL RESULT IN DELAYED PROCESSING OF THIS APPLICATION.

DATE \_\_\_\_\_

CUSTOMER# \_\_\_\_\_

CREDIT/CONFIDENTIAL INFORMATION FORM

## Customer Information / Credit Application

County where located \_\_\_\_\_ Sales Tax Rate \_\_\_\_\_ %

NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip \_\_\_\_\_

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

Delivery Instructions: \_\_\_\_\_

Manager/Credit Contact: \_\_\_\_\_ Requesting terms? Yes or No If so, Credit Line Requested: \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_

Office Phone: \_\_\_\_\_ FAX#: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Owner, Partner or Corporate Officers and Titles: Please list names, titles, full addresses and phone numbers

\_\_\_\_\_ years

\_\_\_\_\_ years

\_\_\_\_\_ years

**Trade References:** Please give three with complete addresses. Incomplete information will cause this application to be returned to you for completion.

COMPANY NAME ADDRESS (including zip code) PHONE NUMBER (including area code)

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

Bank \_\_\_\_\_ Account # \_\_\_\_\_

Address \_\_\_\_\_

Contractors License # \_\_\_\_\_ SS# \_\_\_\_\_

Federal ID# (if incorporated) \_\_\_\_\_ Sale Tax Exemption# : \_\_\_\_\_

(card attached)

**Person(s) Authorized to Sign Checks** #1: \_\_\_\_\_ #2: \_\_\_\_\_

#1 Driver License #: \_\_\_\_\_ State \_\_\_\_\_

#2 Driver License #: \_\_\_\_\_ State \_\_\_\_\_

**Person(s) Authorized to Place Orders:** \_\_\_\_\_

Signature and title of person filling out this form: \_\_\_\_\_ Date \_\_\_\_\_