

# APPLICATION FOR CREDIT

CLOVERLEAF CORPORATION \*PO BOX 7268, Sun City, FL 33586

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_\_) \_\_\_\_\_

Business Type  CORPORATION  PARTERSHIP  PROPRIETORSHIP

Year Founded \_\_\_\_\_ Years of current ownership \_\_\_\_\_ Federal Tax Number \_\_\_\_\_

Name of Principals or Corporation Offices:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT FOR ACCOUNTS PAYABLE \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS FOR A/P CONTACT: \_\_\_\_\_

Address where invoices should be sent:

\_\_\_\_\_ Above Mailing Address

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Invoices should be sent to the shipping address since they are project specific.

Do you have any specific invoicing requirements (e.g., multiple copies, etc.): \_\_\_\_\_

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Bank Officer's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

## TRADE REFERENCES

COMPANY NAME	SINCE	CONTACT	EMAIL	FAX
1 _____	_____	_____	_____ (____) _____	_____
2 _____	_____	_____	_____ (____) _____	_____
3 _____	_____	_____	_____ (____) _____	_____
4 _____	_____	_____	_____ (____) _____	_____

The information appearing above is provided for the purpose of obtaining credit. I certify that the information contained is accurate and complete as of the date submitted. All payments are due as quoted from time to time. Payments received late will be subject to interest payments at the rate of the higher of the state allowed maximum or 18.5% per annum. **If you are tax exempt, please furnish a copy of your certificate with this application.**

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

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Rev 8/13/15

Please complete and fax back to (813) 645-5577. If you have any questions, please call (813) 649-1336.