



2111 58th Ave East, Bradenton, FL 34203 • Phone 941 896 9851 • Fax 941 896 9858

Application for Open Account

Company Name: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Phone #: _____ Fax #: _____ Email: _____
Federal ID #: _____ Website: _____
Type of Business: _____ Sole Proprietor _____ Partnership _____ Incorporated _____ Other
Nature of Business: _____ # of Employees _____
Years in Business _____ Ann. Gross Sales _____ State/County your business is incorporated: _____
President: _____ Vice President: _____
Controller/CEO: _____ A/P Manager: _____

Billing Information

Billing Address (if different): _____
City, St, Zip: _____ Attn: _____
Would you like to receive your Invoices/Statements by email: _____ Authorized by: _____
E-mail Address for Invoices/Statements: _____
Accounts Payable Phone #: _____ Fax #: _____

Purchasing Information

Amount of Credit Requested: _____ Order Pending: _____ Yes _____ No
Will purchases be subject to sales tax? _____ Yes _____ No (Please provide resale certificate if applicable)
Are purchase orders required? _____ Yes _____ No Are you a Government Agency? _____ Yes _____ No
_____ City _____ County _____ State _____ Federal _____ Private Corp _____ Public Corp _____ Partnership
_____ School/Learning Institution _____ Sole Proprietorship _____ (If sole prop. – SS#: _____)



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Company Name & Address: _____

Trade References

Only Open & Current Account Vendors Please

Name: _____ Contact: _____

Address: _____ Phone #: _____

City, St, Zip: _____ Fax #: _____

Name: _____ Contact: _____

Address: _____ Phone #: _____

City, St, Zip: _____ Fax #: _____

Name: _____ Contact: _____

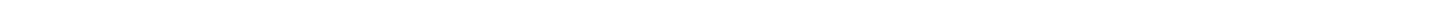
Address: _____ Phone #: _____

City, St, Zip: _____ Fax #: _____

Date: _____ Signature of Owner/Officer of Applicant: _____ Print Title: _____

Signature of Guarantor: _____ Print Name: _____

Please enclose a copy of your most current financial statement. Information will be kept confidential. In support of this application, The Ipe Clip Fastener Company is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions, credit reporting companies, or commercial firms with which I/we have done business. It is understood that any such credit and or financial information will be held in strict confidence and used only for consideration of this application and may be checked periodically and updated for continuance of credit terms. Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of the sale Net 30 days from date of invoice. Should I/we not pay The Ipe Clip Fastener Company according to terms, it is understood that credit privileges may be withdrawn. Should The Ipe Clip Fastener Company find it necessary to obtain assistance in collecting any monies due, I/we agree to pay all reasonable attorney fees, collection agency fees and/or court costs necessary to collect monies owed. Past due accounts shall be subject to interest charges of 5% per month or the maximum allowable by law as per jurisdiction of the point of sale.





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BANK INFORMATION RELEASE FORM

Company Information

Company Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone #: _____ Fax #: _____ Federal ID#: _____

Bank Information

Bank Name: _____

Contact: _____

Address: _____

Phone #: _____

City, St, Zip: _____

Fax #: _____

Checking Acct #: _____

Average Balance: _____

Savings Acct #: _____

Average Balance: _____

BY SIGNING BELOW, THE UNDERSIGNED AUTHORIZES THE IPE CLIP FASTENER COMPANY TO PERIODICALLY CONTACT THE FOREGOING CREDITOR(S), AND/OR ANY CREDIT REPORTING AGENCY FOR THE PURPOSE OF ESTABLISHING, INVESTIGATING, OR MAINTAINING A CREDIT RELATIONSHIP WITH THEM.

Date: _____ Signature of Owner/Officer of Applicant: _____ Print Title: _____

Signature of Guarantor: _____ Print Name: _____

OFFICIAL USE ONLY:

_____ Approved _____ Denied

Date: _____

Approved Limit: _____ Terms: _____ Sales Rep: _____

Signed: _____