



2376 LAKE SHORE BLVD.,
JACKSONVILLE, FL 32210 USA
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Email: [steritool@steritool.com](mailto:steritool@steritool.com) www.steritool.com

: CREDIT APPLICATION:

COMPANY INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_
City/State/Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
EIN#: \_\_\_\_\_

Tax Exempt? \_\_\_yes \_\_\_no (please attach a copy of your Resale Cert if tax exemption checked)

Type of Business (LLC, INC, DBA, etc): \_\_\_\_\_

ACCOUNTS PAYABLE

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_
Phone: \_\_\_\_\_

TRADE REFERENCES

Name: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Name: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
Name: \_\_\_\_\_
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

BANK REFERENCE (GIVE YOUR PRIMARY BANK)

Name: \_\_\_\_\_
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_
Fax: \_\_\_\_\_
Bank Officer: \_\_\_\_\_
Checking Acct# \_\_\_\_\_

AUTHORIZATION TO CHECK CREDIT MUST BE SIGNED BY A PRINCIPAL OF THE CREDIT APPLICANT

I hereby certify that the information in this credit application is true and correct. I authorize the bank and trade references listed in this credit application to release the information necessary to assist Steritool, Inc.

By signature below, I/we affirm my/our identity as the respective individual/s identified in the above application.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_