



APPLICATION FOR OPEN ACCOUNT CREDIT
The Launch Pad

Date: _____

Company Name: _____ () Individual () Partnership () Corporation

PHONE : _____

FAX: _____

ADDRESS : _____ City _____ ST: _____ Zip: _____

NAME OR PARENT CO. (If Subsidiary) _____

TYPE OF BUSINESS : _____ RS. IN BUSINESS : _____

FEDERAL TAX NO. : _____ SS NO. : _____

PROPRIETOR, PARTNERS OR OFFICERS

NAME : _____ TITLE : _____

HOME ADDRESS / PHONE NO. : _____

NAME : _____ TITLE : _____

HOME ADDRESS / PHONE NO. : _____

NAME : _____ TITLE : _____

HOME ADDRESS / PHONE NO. : _____

INDIVIDUAL RESPONSIBLE FOR PAYMENT OF ACCOUNT

NAME : _____ TITLE : _____

BANK REFERENCE

NAME : _____ ACCT. NO.: _____

ADDRESS : _____ PHONE : _____

CITY / STATE / ZIP : _____ CONTACT : _____

TRADE REFERENCES

NAME : _____ PHONE : _____

ADDRESS : _____ CONTACT : _____

NAME : _____ PHONE : _____

ADDRESS : _____ CONTACT : _____

NAME : _____ PHONE : _____

ADDRESS : _____ CONTACT : _____

For Internal Use Only
Credit Approved?
Amount Approved:
Terms Approved:
Comments:

Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with terms stated on the invoice. All overdue payments are subject to immediate collection of full amounts due THE LAUNCH PAD. Customer also agrees to pay THE LAUNCH PAD, as interest, an amount equal to 18.5%, or the maxium provided by law (whichever is less) plus a \$10.00 per invoice late fee for invoice amounts past due. If any suit or legal action is instituted in connection with any controversy arising out of the estimate, proposal, or any work authorized in connection with same, THE LAUNCH PAD shall be entitled to recover, in addition to the court costs and disbursements, such sum as the court may adjudge reasonable as attorney fees. Signature also constitutes a security agreement whereby The Launch Pad may enter the premises where any unpaid equipment provided by The Launch Pad is housed and reclaim that equipment.

The above information is for the purpose of obtaining credit and is warranted to be true. I / We hereby authorize the firm to whom the application is made to investigate the references listed pertaining to my / our credit and financial responsibility.

SIGNED : _____ DATE: _____

PRINT NAME: _____ POSITION : _____ SS# _____

Please Sign & Return this document to the fax number or address listed below:
18130 Jorene Rd. Odessa, FL 33556 (813) 920-0788 Fax: (813) 920-0769