



# Credit Application

4775 NW 157th Street, Bay 3, Miami Gardens, FL 33014 | 305.760.2575 | Fax: 305.974.4431 | info@mmdeck.com

## Applicant Information

Applicant (Legal Name of Company):			Application Date:		
Doing Business As (DBA):					
Phone:		Fax:		E-mail:	
Ship To Address:			City:		State:
Bill To Address:			City:		State:
Date business commenced:			SS # or FED EIN #:		
Type of Business:	Sole Proprietor <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>	Resale Permit or Sales Tax #:

## Owners (If Applicant is a Sole Proprietorship or Partnership) or Officers (If a Corporation)

Full name (Include Middle Initial)	Title	Home Address/City/State/Zip	Home Ph:
	SS #		Cell Ph:
Full name (Include Middle Initial)	Title	Home Address/City/State/Zip	Home Ph:
	SS #		Cell Ph:

## Bank Information

Bank name:			Phone:		
Bank address:			City:		State:
Account #			Type of Account		Date Opened:
Account #			Type of Account		Date Opened:

## Business/Trade References (Please List Three)

Company name:			Address:		
Phone:		Fax:		Email:	
Company name:			Address:		
Phone:		Fax:		Email:	
Company name:			Address:		
Phone:		Fax:		Email:	

## Statement

### TERMS: Applicant authorizes Miami Metal Deck to obtain credit and financial information pertaining to the Applicant at any time from any source.

In consideration of Miami Metal Deck extending credit to the Applicant, Applicant agrees to pay for all items delivered or services provided to, or at the request of, Applicant, in accordance with the terms of each invoice and this application. Applicant agrees that each of the terms and conditions of sale stated on the invoices and this application shall be a term of contract for each sale from Miami Metal Deck to Applicant. Should it become necessary to place this account with a collection agency or attorney for collection, Applicant agrees to pay all collection costs, attorney's fees and court costs in addition to all other sums due. Applicant warrants that all information provided is true and correct and acknowledges that the extension of credit by Miami Metal Deck is based on this information being accurate and true. Applicant further agrees to keep this Credit Application updated and notify Miami Metal Deck in writing of any changes, including but not limited to name changes, ownership changes, mergers or acquisitions, address and phone changes. Applicant shall submit a new or amended Credit Application when requested by Miami Metal Deck. The extension of credit hereunder, the amount of credit and the cancellation or reduction of credit shall be within the sole discretion of Miami Metal Deck. The undersigned warrants that the above agreement has been carefully read and that Applicant understands completely.

## Signatures

Signature of Applicant		Title	
Print Name of Applicant		Date	



## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN

**All information will remain confidential**

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Billing Phone #: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Total Amount to Charge: \$ \_\_\_\_\_ (USD) Tax Amount: \$ \_\_\_\_\_ (USD)

I authorize **Miami Metal Deck** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

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

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

Print Name: \_\_\_\_\_

Return the completed and signed form to the following:

**Miami Metal Deck**

Fax: 305-974-4431

Email: [info@mmdeck.com](mailto:info@mmdeck.com)