



10800 N.W. 103rd Street, Suite #1, Miami, FL 33178

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CONFIDENTIAL CREDIT APPLICATION

THE FOLLOWING INFORMATION WILL ENABLE US TO BETTER SERVE YOU

BUSINESS PROFILE									
COMPANY NAME					PRINCIPAL CONTACT			REFERRED BY	
ADDRESS								PHONE	
CITY, STATE, ZIP CODE				EIN#		DUNS#		EMAIL ACCOUNTS PAYABLE	
STATE OF INCORPORATION		NO. EMPLOYEES		ANNUAL REVENUE \$		NO. YEARS IN BUSINESS		EMAIL OPERATIONS	
O F F I C E R S	PRINCIPAL/OWNER/CEO NAME		TITLE		PRINCIPAL DIRECT PHONE			PRINCIPAL EMAIL	
	NAME		TITLE		PHONE		EMAIL		VOLUME USAGE PER WEEK
	NAME		TITLE		PHONE		EMAIL		CONTENTS/COMMODITIES
	<input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION				TYPE OF BUSINESS			APPROXIMATE WEIGHT <input checked="" type="radio"/> UNDER 20 <input type="radio"/> 20-50 <input type="radio"/> 50-100 <input type="radio"/> OVER 100	

BANK REFERENCES						
BANK NAME		BRANCH		ACCOUNT MANAGER/BANKER		DIRECT PHONE
BRANCH ADDRESS, CITY, STATE, ZIP CODE						BRANCH PHONE
ACCOUNT TYPE		ACCOUNT#		ROUTING#		AVERAGE MONTHLY ACCOUNT BALANCE LAST CALENDAR YEAR \$

LANDLORD AND/OR MORTGAGE HOLDER	
NAME	PHONE
ADDRESS, CITY, STATE, ZIP CODE	

CREDIT INFORMATION						
CREDIT CARD TYPE:		CREDIT CARD NO.		CURRENT BALANCE \$	CREDIT LIMIT \$	LENGTH OF ACCOUNT
LINE OF CREDIT	NAME OF INSTITUTION			CREDIT LIMIT \$	BALANCE \$	PHONE
ADDRESS, CITY, STATE, ZIP CODE						PHONE

*TRADE REFERENCES				
COMPANY NAME		CONTACT	PHONE	FAX
ADDRESS, CITY, STATE, ZIP CODE				
COMPANY NAME		CONTACT	PHONE	FAX
ADDRESS, CITY, STATE, ZIP CODE				

This Credit Application has been prepared by the undersigned, who warrants and certifies its accuracy. The purpose of this document is to induce Comet to extend credit to the Applicant. All Comet Invoices are subject to 18% interest per annum from the due date. All charges not paid within thirty (30) days of the invoice date shall turned over for collection and will be subject to a 30% loss of discount and collection fee. If we are forced to retain legal counsel to collect unpaid charges, you shall be liable for attorneys' fees incurred both pre-suit and during the course of any required litigation. By signing this credit application, you specifically agree to be bound by Comet's Terms and Conditions for the applicable services, available at www.cometdelivery.com/terms.

X

Authorized Signature

Title

Date

*Business concerns in the State of Florida with whom you have an open account.