



## APPLICATION FOR CREDIT

215 Hollywood Boulevard NW  
Fort Walton Beach, FL 32548  
Phone: 850-243-4812 Fax: 850-243-6324  
Email: jdunne@siwfl.com

Company: \_\_\_\_\_  
Hereby applies for credit in accordance with Terms and Condition of Smith Ironworks, Inc.

Contact: \_\_\_\_\_ Accounting email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_ Fax # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

THE FOLLOWING INFORMATION MUST BE PROVIDED AND WILL BE HELD IN THE STRICTEST CONFIDENCE.

### OWNERSHIP:

\_\_\_\_\_ Corporation \_\_\_\_\_ Partnership  
\_\_\_\_\_ Incorporated within past 12 months **YES** **NO** \_\_\_\_\_ Individual

NAMES OF PRINCIPLE(S)	COMPLETE ADDRESS	PHONE #
1	_____	_____
2	_____	_____
3	_____	_____

### FINANCE:

Bank: \_\_\_\_\_ Bank Officer/Department: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

### REFERENCES:

Business Name: _____	Business Name: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____

Business Name: _____	Business Name: _____
Email Address: _____	Email Address: _____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____

☐ CHECK HERE IF CASH SALES ARE OKAY UNTIL CREDIT HAS BEEN APPROVED. WE CERTIFY THAT ALL INFORMATION ON THIS FORM IS CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT.

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

DO NOT WRITE BELOW THIS LINE

### CERTIFICATION:

REFERENCES CHECKED BY: \_\_\_\_\_ CREDIT APPROVED BY: \_\_\_\_\_ TERMS: \_\_\_\_\_

REFERENCE RESULTS \_\_\_\_\_ CREDIT REFUSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_