



204 E TERRACE DR. PLANT CITY, FL. 33563

Phone:(813) 359-1200

## Customer Information/Credit Application

Customer Legal Name: \_\_\_\_\_

Customer DBA Name: \_\_\_\_\_

### COMPANY INFORMATION

Street Address: \_\_\_\_\_

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

Main Phone: \_\_\_\_\_

Main Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Year Business Established: \_\_\_\_\_

Are you Publicly or Privately held: \_\_\_\_\_

Corporate Structure(C Corp, LLC, Sole Proprietorship): \_\_\_\_\_

### SALES INFORMATION

Type of Goods that will be shipped: \_\_\_\_\_

Approximate truckload value of goods to be shipped: \_\_\_\_\_

Quantity of annual loads shipped: \_\_\_\_\_

Expected annual loads with PattersonCompanies: \_\_\_\_\_

Is Volume Seasonal or Monthly? Explain if Seasonal: \_\_\_\_\_

How will orders be received: \_\_\_\_\_

Are Shipper/Receiver appointments required?: \_\_\_\_\_

Are there any other sales requirements?: \_\_\_\_\_



**CREDIT INFORMATION**

**BILLING INFORMATION**

Billing Name: \_\_\_\_\_

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

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

How do your Invoices need to be sent ?(Mail, Fax, E-mail, Please provide Fax or E-mail Address): \_\_\_\_\_

AP Contact E-mail Address \_\_\_\_\_

Are Bill of Lading required with Invoices: \_\_\_\_\_

Any other information required with Invoice: \_\_\_\_\_

**PAYMENT INFORMATION**

Form of payment (Check, Wire, or ACH): \_\_\_\_\_

Day (s) of the week that payment are made: \_\_\_\_\_

**BANK REFERENCE**

Bank Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_



**VENDOR REFERENCES**

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Vendor Phone: \_\_\_\_\_ Vendor Fax: \_\_\_\_\_



**CONTACT INFORMATION**

Owner/President Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

  

Sales Contact: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

  

Accounts Payable: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

  

Accounts Receivable: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_



**By executing this Credit Application/Sales Agreement the undersigned jointly and severally agree(s) to comply with all provisions and terms verbal or written by Patterson Companies Inc. To pay all Sums and charges on this or any past, present or future account. Undersigned further agrees that legal venue for any collection procedures shall be under the jurisdiction of the laws of the state of Florida county of Hillsborough. Applicant further agrees to pay all fees, attorney or otherwise in any collection procedures.**

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

**Name (Please Print):** \_\_\_\_\_

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