

SAN LORENZO INT'L, INC.

5521 S. RIDGEWOOD AVENUE - SUITE 3
PORT ORANGE, FLORIDA 32127
TEL: 386-322-0026
FAX: 386-322-0728

NEW CUSTOMER CREDIT APPLICATION

Company Name: _____

DBA -[] and/or AKA -[] (if applicable) _____

Address: _____

City: _____ **State** ____ **ZIP** _____

Bus-Ph: ____ - ____ - ____ **Fax-Ph:** ____ - ____ - ____ **Home-Ph:** ____ - ____ - ____

Corporation -[] Partnership -[] Individual -[]

Principal Owners (required information) _____

Sales Tax Number: _____ **state:** ____ **D&B Rated: Yes-[] No-[]** **D&B #** _____

Your Bank: _____ **Bank Ph:** ____ - ____ - ____
Bank address: _____ **City:** _____ **State:** ____ **ZIP:** ____
Bank Acct #: _____ **Bank Contact Person:** _____

Business References Where Credit Is Now Extended

1) **Name:** _____
Address: _____
City: _____
State: ____ **ZIP:** _____
Ph. #: ____ - ____ - ____
Account #: _____

2) **Name:** _____
Address: _____
City: _____
State: ____ **ZIP:** _____
Ph. #: ____ - ____ - ____
Account #: _____

3) **Name:** _____
Address: _____
City: _____
State: ____ **ZIP:** _____
Ph. #: ____ - ____ - ____
Account #: _____

4) **Name:** _____
Address: _____
City: _____
State: ____ **ZIP:** _____
Ph. #: ____ - ____ - ____
Account #: _____

