



CREDIT APPLICATION

Practical Systems, Inc.
11617 Prospect Road • Odessa, FL 33556
Phone: 800-237-8154 or 727-376-7900
Fax: 800-330-3800 or 727-372-1900

PSI Representative _____

ACCOUNT INFORMATION

Account Name _____ Phone No. _____ Fax No. _____
Trade Name (DBA) _____ Contact _____ Bookkeeper _____
Email Address _____ Buying Group Memberships _____

Billing Address:

Name _____
Street _____
City, State, Zip _____

Shipping Address:

Name _____
Street _____
City, State, Zip _____

OWNERSHIP (check one)

Corporation Partnership Sole Proprietorship Owner _____

HISTORY

Date Business Started _____ How Long at Above Physical Address _____

Please check all processes that apply to your location: Surfacing # of jobs/day _____ Finishing # of jobs/day _____ Other _____

Lab Manager: _____ Purchasing Agent: _____

Surfacing Dept. Manager: _____ Finishing Dept. Manager: _____

BANK

Name _____ Phone No. _____
Street _____ Loan Officer _____
City, State, Zip _____ Account No. _____

TRADE REFERENCES

(1) Co. Name _____ Phone No. _____ Fax No. _____ Account No. _____	(2) Co. Name _____ Phone No. _____ Fax No. _____ Account No. _____
(3) Co. Name _____ Phone No. _____ Fax No. _____ Account No. _____	(4) Co. Name _____ Phone No. _____ Fax No. _____ Account No. _____

I hereby certify that the above information is true and correct and is provided for the purpose of obtaining credit, and I hereby authorize you to obtain information from any of the references listed above. It is further understood and agreed that should this account at any time not be paid according to terms, the undersigned will pay interest at the highest rate allowed by law in the State in which the undersigned resides or maintains a place of business, and, if the account is turned over for collection, will pay a reasonable attorney or collection fee.

Date _____ Signature _____
Name (please print) _____
Title _____