

1201 US Highway 1 - Suite 415, North Palm Beach Florida 33408

Application / Credit Form

BUSINESS CONTACT INFORMATION						
Company Name:		DBA:	3A:			
Billing Address:			·			
Shipping Address:						
Telephone number:		Webs	ebsite:			
Social Media:		•				
General Email:			Direct Line:			
AP Contact Name:		AP Er	:mail:			
Buyer Contact Name:		Buye	er Email:			
Other Contact Names:		Emai	il:			
BUSINESS & CREDIT INFORMATION						
Tax ID Number:		Years i	rs in Business:			
Name of Owner(s):						
Type of Business:	☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ Other					
Name of Bank:		Bank Contact Person:				
Account Number:		Bank F	ık Phone Number:			
TRADE REFERENCES						
Company Name:		Address:	:			
Contact Person:		Phone:				
Company Name:		Address:	:			
Contact Person:		Phone:				
Company Name:		Address:	:			
Contact Person:		Phone:				

AGREEMENT

- 1. All invoices are to be paid 30 days from the date of the invoice. A finance charge of 2% will be charged for balances 15 days past due.
- 2. Claims arising from invoices must be made within seven working days.
- 3. Duca del Cosma LLC reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by Duca del Cosma LLC to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.
- 4. By submitting this application, you authorize Duca del Cosma LLC to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES					
Print Name:		Print Name:			
Title:		Title:			
Date:		Date:			
Signature:		Signature:			

www.ducadelcosma.us