



Sales Representative: _____

CREDIT APPLICATION

CREDIT LIMIT REQUESTED _____

Date _____ Year Business Started _____

Legal Name of Business _____ Are Bills Paid From Your Location? **Y N**

Address _____ Type of Business _____

_____ Sales Tax Exempt # _____

Mailing Address (If Different) _____ (PLEASE ATTACH)

_____ Name of Bank _____

_____ Account Number _____

Phone _____ **Accounting E-mail address:**

Fax _____ _____

Parts or Service Manager Email Address:

Bank Phone _____

Is This Business: Bank Contact _____

Incorporated Partnership Sole Owner Company's Dun & Bradstreet # _____

Name, SSN, Home Address and Phone Numbers of the Officers, Partners or Owners:

Credit/Trade References – Please List a Minimum of Four References That We May Contact Directly:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Fax _____ Fax _____

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Fax _____ Fax _____



The above information is for the sole purpose of obtaining credit and is warranted to be true. I/we hereby authorize Donovan Enterprises to investigate the references listed pertaining to my/our credit and financial responsibility.

Complete both pages of credit application and fax to **772-287-0431**.

The parties agreement shall be construed according to the laws of the said state and any action thereon may be brought in the said state.

In consideration of Donovan Enterprises, ___(state) Inc. extending credit, we do hereby agree jointly and severally to pay for all goods, wares and merchandise supplied to any of us and/or the above-named business. Party agrees to pay 2% interest on any overdue balance each month. In the event that it becomes necessary to place the account with an attorney or agency for collection, we agree to pay all costs of collection including reasonable attorney's fees.

We agree to immediately notify Donovan Enterprises, ___(state) Inc., of any change in ownership or form of said business.

Signed _____ Title _____

Print Name _____ Company Name _____

Date _____ Please allow 2-3 weeks for processing.

FOR DONOVAN USE ONLY	
___ Approved ___ Declined	Credit Limit _____
Initials _____ Date _____	Account # _____

PERSONAL GUARANTEE

I, _____, residing at _____
(Name) (Address)

for and in consideration of you extending credit at my request to _____
(Name of Company)

(herein referred to as the "Company"), of which I am _____, hereby personally
(Title)

guarantee to you payment of account in the state of _____ of any obligation of the Company and I hereby
(FL/GA)

agree to bind myself to you on demand of any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnify for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature _____ Date _____

Print Name _____ Witness _____

Address _____

DONOVAN ENTERPRISES-FL, INC 3353 SE GRAN PARK WAY STUART, FL 34997

Complete both pages of credit application and fax to **772-287-0431**.