



rganix
SOUTH INC.

6290-B 147th Avenue North
Clearwater, FL 33760
(888) 989-6336, FAX: (727) 531-8807
www.organixsouth.com

Credit Application

Store Name: _____ Telephone No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Corporate Tax ID No.: _____ How Long in Business: _____

Credit Line Requested: \$ _____ Date Requested: _____

Bank Reference: _____ Account No.: _____

Branch Address: _____

Bank Telephone: _____ Contact: _____

Credit References:

1. Company: _____ Telephone No.: _____

Address: _____ Fax No.: _____

_____ Contact: _____

2. Company: _____ Telephone No.: _____

Address: _____ Fax No.: _____

_____ Contact: _____

3. Company: _____ Telephone No.: _____

Address: _____ Fax No.: _____

_____ Contact: _____

Terms of Payment are 2% 10 Net 30 with 1.5% interest charge per month for accounts over 30 days. Any returned checks are subject to a \$20.00 service charge.

Completion of this credit application is subject to review and acceptance by Organix-South, Inc. The undersigned agrees to abide by the above terms and accepts full responsibility to pay and perform all obligations arising out of the applicant's purchases to Organix-South, Inc.

By: _____
(Print Name)

Title: _____

Signature: _____
(Signer must be an Officer or Owner)

Date: _____