



PO Box 1358 • Sanford, FL 32772
Office: 407.302.8602 • Fax: 407.302.8408
Service: 800.987.5979
Email: owensdistributors@earthlink.net
Website: www.owensdistributors.com

Credit Application

Federal ID# _____ - _____

Business Information:

Name of Business: _____

Address of Business: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Landlord Information

Landlord: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Owners Information: _____ Social Security # _____

Owner of Business: _____

Owner Address: _____

Phone: _____ Fax: _____

Email Address: _____

I hereby certify that all information contained in this application and all attachments hereto, are true and complete to the best of my knowledge, and are made for the purpose of obtaining credit. I authorize **Owens Distributors** to verify any of the information from whatever source it deems appropriate and I further authorize any of the above references to release credit information to **Owens Distributors**. It is understood that this application shall remain the property of **Owens Distributors**, and that this constitutes an application only and shall not be binding upon either **Owens Distributors** or the applicant. I/We hereby acknowledge that if my/our application is approved, under normal circumstances I/We will be required to execute a **PERSONAL GUARANTY**.

Print Full Name _____ Title _____

Signature _____ Date _____