

Credit Application



Garrison Equipment Services

9721 US HWY. 98 DADE CITY, FL 33525

PH: (800)-785-2679 OR (352)-567-2727

Date: _____

Company Name: _____

Address: _____

Phone: _____ Fax: _____

Email for Invoices: _____

Owners Name: _____ Phone: _____

D & B No: _____ Years in Business: _____

Bank Name: _____ Contact: _____

Credit References:

1. _____ Phone: _____

Email: _____

2. _____ Phone: _____

Email: _____

3. _____ Phone: _____

Email: _____

Bill To: _____

Mailing Address: _____

AP Contact: _____ Phone: _____

AP Contact Email: _____

Credit Application

Line of Business:

Requested Line of Credit: _____

Agreement:

The undersigned warrants that the above information is true and is furnished to Garrison Equipment Services for the purpose of establishing a credit relationship. The undersigned authorizes Garrison Equipment Services to check verify and confirm the above information or perform other queries necessary to make a credit evaluation of the applicant.

The undersigned hereby agrees to pay the account in full within (30) days from the invoice date. The undersigned also agrees to pay collection firm. Dispute of any invoice must be reported immediately upon receipt.

Signature: _____ Date: _____

Printed Name & Title: _____

****INCOMPLETE CREDIT APPLICATIONS WILL DELAY THE APPROVAL PROCESS. ****

Please email completed forms to admin@garrisonequipmentservices.com