



**FRANKLIN**  
COMMUNICATIONS, LLC  
SINCE 1921  
5301 NW 37TH AVENUE, MIAMI, FLORIDA 33142  
(305) 633-9779 PHONE (305) 633-2848 FAX

**CONFIDENTIAL CREDIT APPLICATION**

Please type or print and answer all questions

Sales Person # \_\_\_\_\_ Resale Tax # \_\_\_\_\_

Applicants Estimated Purchases \_\_\_\_\_ Date \_\_\_\_\_

Complete Legal Name of Applicant: \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Bus. Established \_\_\_\_\_

Registered Fictitious Names \_\_\_\_\_

Business is: ( ) Corporation ( ) Partnership ( ) Sole Proprietorship

List each principal:

President \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

Vice President \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

Secretary \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

Treasurer \_\_\_\_\_ Home Phone \_\_\_\_\_

Residence Address \_\_\_\_\_

**APPLICANT'S TRADE REFERENCES**

Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Account # \_\_\_\_\_ Contact \_\_\_\_\_

*Return to: Franklin Communications, LLC, P.O. Box 111142, Miami, FL 33011-1142*

**PLEASE READ TERMS & CONDITIONS ON PAGE 2 OF THIS APPLICATION**

**TERMS AND CONDITIONS**

Payment terms shall be net 30 days unless otherwise agreed to in writing. The Applicant agrees to pay a finance charge of 1 1/2% per month, which is an annual percentage rate of 18%, on the amount of all accounts not paid within 30 days from the date of invoice. Applicant agrees to pay all costs of collection, including reasonable attorney's fees, incurred by creditor in collecting any monies due, whether suit be brought or not.

The undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct and complete, agrees that any credit extended shall be in accordance with the terms and conditions set forth in this Application, and the Applicant and the undersigned accept said terms and conditions and agree to be bound by them.

The undersigned agrees to keep this Application and the information contained in it current and to immediately notify creditor of any and all changes in the information provided.

The law of the State of Florida shall govern this Credit Application, any disputes arising under it, and any extensions of credit by the creditor to the Applicant. The Applicant and the undersigned waive the right to trial by jury and the privilege of being sued in the County of their residence in any litigation arising out of this Credit Application and any extensions of credit pursuant to it. The Applicant and the undersigned agree that any litigation arising hereunder and in connection with the collection of any monies due creditor shall be brought in Dade County, Florida.

In order to induce creditor, its successors and assigns, to extend credit to Applicant pursuant to this Credit Application, the undersigned, individually, unconditionally guarantees performance by the Applicant of its obligations hereunder and payment to creditor, its successors and assigns, of all debts and obligations of Applicant hereafter arising and existing, including, without limitation, all amounts of principal and interest due and all expenses of collection, including reasonable attorney's fees, incurred in the collection thereof or the enforcement of its rights hereunder, whether suit be brought or not.

By: \_\_\_\_\_  
Agent for Applicant and individually as guarantor

\_\_\_\_\_  
Print Name

**PLEASE PRINT**

I/we hereby authorize \_\_\_\_\_ to furnish Franklin Communications  
(print name of your bank)  
with the information requested below concerning our checking account.

Bank address (your branch) \_\_\_\_\_ Company Name \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_

Account Number \_\_\_\_\_ Date: \_\_\_\_\_

Bank Phone # \_\_\_\_\_ Bank Officer \_\_\_\_\_

**BELOW INFORMATION IS TO BE PROVIDED BY YOUR BANK**

=====

Balances: Average \$ \_\_\_\_\_ Present \$ \_\_\_\_\_ Return Items? ( ) Yes ( ) No

Loans: Any Outstanding? ( ) Yes ( ) No

Amount of loan \$ \_\_\_\_\_ Current Balance \$ \_\_\_\_\_ Matures \_\_\_\_\_

Collateral \_\_\_\_\_

Repayment schedule-met as agreed? ( ) Yes ( ) No

Date \_\_\_\_\_ Verified by: \_\_\_\_\_  
(signature of bank employee)