

Seminole Tribe of Florida
6300 Stirling Road
Hollywood, Florida 33024



Phone # 954-966-6300
Fax # 954-967-3460

CREDIT APPLICATION

Business Name _____ Telephone Number _____ Ext: _____

Business Address _____ Billing Address _____

City, State, Zip _____ City, State, Zip _____

Accounts Payable Contact _____ E-mail: _____

Sole Proprietorship Partnership Corporation

SS# _____ Tax ID # _____

How long in this business? _____ How long at this address? _____

Have you ever had an account with Seminole Tribe of Florida? Yes No

Requested credit line amount? _____

CREDIT REFERENCES

1. Bank Name _____ Checking Acct.# _____

Branch Address _____ Phone # _____

Name of Banking Contact _____ Loan Acct. # _____

2. Trade Credit References

a. Name _____ Phone # _____

Account Number _____ Fax # _____

Address _____

City, State, Zip _____ Email: _____

b. Name _____ Phone# _____

Account Number _____ Fax # _____

Address _____

City, State, Zip _____ Email: _____

The above references may accept copies of this application as authorization to release credit or financial information on my account certify that all information on this form is correct. If credit is granted, I promise to pay bills when rendered as per Seminole Tribe of Florida terms, including any finance I service charges incurred. In the event payment is not made and my account is referred for collection, I will pay all costs of collection. If legal action is required, I will pay reasonable attorney's fees resulting from such action. Seminole Tribe of Florida is authorized to make all inquiries deemed necessary to determine credit-worthiness of the undersigned, and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. I further understand that the information provided may be used to obtain a consumer credit report.

Name _____ Title _____

Authorized Signature _____ Date _____