

AmeriFund Capital Group, LLC

1900 S Ocean Blvd. Suite PHD

Pompano Beach, FL 33062

(954) 941-2254

(954) 941-2264 Fax

DATE: _____

APPLICATION FOR CREDIT

LEGAL COMPANY NAME: _____ D/B/A: _____

PRESENT ADDRESS: _____

PHONE #: _____ FAX #: _____

CONTACT: _____ TITLE: _____

COMPANY STRUCTURE: _____ CORPORATION (YEAR _____ STATE _____) _____ PARTNERSHIP _____ PROPRIETORSHIP

PRESIDENT: _____ S.S. #: _____ VICE PRESIDENT: _____ S.S. #: _____

FEDERAL TAX I.D.: _____ DUN & BRADSTREET #: _____

HOW LONG AT THIS LOCATION: _____ LANDLORD: _____

OWN _____ RENT _____ PHONE & ADDRESS: _____

BANK NAME: _____ ADDRESS: _____

PHONE: _____ CONTACT: _____ CHECK/LOAN ACCT.#: _____

APPLICANT AUTHORIZES CREDITOR TO OBTAIN ALL PERTINENT BANK ACCOUNT INFORMATION, AND ACCESS CREDIT REPORT(S) ON APPLICANT AND/OR ITS PRINCIPAL(S).

CREDIT AMOUNT REQUESTED \$ _____

CREDIT REFERENCES IN THE "U.S.A"

1. COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____ PHONE: _____ FAX: _____

2. COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____ PHONE: _____ FAX: _____

3. COMPANY: _____ CONTACT NAME: _____

ADDRESS: _____ PHONE: _____ FAX: _____

I, (WE) HEREBY AGREE TO PAY, AT YOUR LOCATIONS, ALL INVOICES FOR PRODUCT OR SERVICES RECEIVED BY US, IN ACCORDANCE WITH ESTABLISHED CREDIT TERMS. THE UNDERSIGNED, IN AN INDIVIDUAL CAPACITY, SHALL BE LIABLE FOR ANY CHECK(S) RETURNED UNPAID. IN THE EVENT THAT COLLECTION ACTION IS NECESSARY TO RECOVER ANY UNPAID BALANCE DUE, I (WE) AGREE TO PAY ALL REASONABLE COLLECTION COSTS, ATTORNEY FEES, AND COURT COSTS INCURRED, AND JURISDICTION FOR SUCH LEGAL PROCEEDINGS SHALL BE THE COUNTY IN WHICH CREDITOR IS LOCATED.

ACCOUNT NAME: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

NOTE: PLEASE ENCLOSE A COPY OF THE SIGNER'S DRIVER LICENSE.