



SUPREME SEAT COVERS

12105 SW 129TH COURT, BAYS 10 & 11, MIAMI, FL 33186
TEL: 305-256-2986 FAX: 305-256-8278

CREDIT/PURCHASE APPLICATION

Bill To Address

Ship To Address (If Different)

Company Name: _____ Company Name: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Type of Organization (Please Check One): Sole Proprietor Corporation Partnership Other

Years in Business: _____ Sales Tax No.: _____ Fed. Employer Identification #: _____

Principals/Officers of Organization

Name: _____ Title: _____ SS#: _____

Name: _____ Title: _____ SS#: _____

Name: _____ Title: _____ SS#: _____

Bank References

Bank Name: _____ Account No.: _____

Address: _____

Contact: _____ Phone No.: _____

Credit References (Make sure to include telephone and fax numbers for all references.)

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Name: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

The undersigned hereby authorizes the disclosure of all pertinent credit information for the purpose of establishing an open line of credit with our company and hereby authorize Credit Bureau of South Florida, "CBSF" to deliver a credit report to: Seat Savers Plus, Inc., d/b/a Supreme Seat Covers, about my person and/or company. Further, undersigned warrants that the information submitted is true and correct.

Further, By signing this Credit Application, Applicant/Debtor/Customer consents to be bound by a contractual agreement both personally and corporately to be responsible for the payment of all debt arising out of the purchase of goods/merchandise from Vendor/Creditor. Should any bankruptcy proceedings ever be filed by debtor, debtor agrees that in order to avoid manifest injustice and prejudice to creditor/vendor, all obligations due under this established business relationship shall be afforded a contractually secured priority. Debtor agrees to relief creditor of all costs associated in collections proceedings.

Applicant's Signature _____ Title _____ Date _____

WHEN FULLY COMPLETED, PLEASE MAIL BACK TO ADDRESS ABOVE