

**Industrial Lift Truck Corp.**

1970 Lake Avenue SE

Largo, Florida 33771

727-230-9111 Pinellas

www.industriallifttruckcorp.com

**CUSTOMER INFORMATION AND CREDIT AGREEMENT****BILL TO**

Customer Name		Date	Phone	
Street Address		P.O. Box	Fax	
City	County	State	Zip	
E-Mail Address		President/Owner Name:		
Type of Business		How long in business?		
Federal ID#	Tax Exempt	Yes	No	If Yes, send exempt certificate.
Type of Ownership	Corporation	Partnership	Proprietorship	Are Po's Required?

**SHIP TO**

Customer Name		Phone	
Street Address		P.O. Box	Fax
City	County	State	Zip

**BANK REFERENCES**

Bank Name and Address	
Account #	Contact Name/Phone

**TRADE REFERENCES**

Firm Name	City/State	Phone/Fax
1.		
2.		
3.		

**CREDIT AGREEMENT****CREDIT AMOUNT REQUESTED**

I understand the following and will abide by your company regulations:

1. Notify Industrial lift Truck Corp, Inc. of any changes in ownership of our company
2. If granted, our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our company will pay 1.5% per month which is 18% yearly for all past due balances.
4. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
5. Our companies financial condition is satisfactory and we can meet all financial obligations.
6. There are no lawsuits or judgments against me at this present time. If our company defaults on payment of any outstanding valid invoices we agree to pay attorney and/or collection expenses.

I AGREE TO PAY MY ACCOUNT WITHIN THE TERMS AND AUTHORIZE YOU TO OBTAIN SUCH INFORMATION YOU MAY REQUIRE CONCERNING THIS APPLICATION

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

X \_\_\_\_\_ (Personal Guarantee) TITLE \_\_\_\_\_

(Must have signature of check signers below per FL Statute 832.07, 832.05, and 832.075)

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

Printed \_\_\_\_\_ Printed \_\_\_\_\_

**EMAIL BACK TO: ILTC SERVICE ( Ricksanford@Industriallifttruckcorp.com)**



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## New Customer Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	MasterCard	Visa	Discover	AMEX
	Other			
Cardholder Name (as shown on card): _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
Cardholder ZIP Code (from credit card billing address): _____				

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date