



2090 NW 133rd Avenue Unit 2. Miami, Florida 33182 E-mail to: JUDITH@SPACEFOX.US

www.spacefox.us

CREDIT APPLICATION		Federal ID#:
Business Name (Full legal Name)		Main Phone Number
Street		Main Fax Number
City, State & Zip		Dun & Bradstreet #:
Email:	Website Address:	

Type of Business (circle one): Non Profit Proprietorship Partnership Corporation		
Division or Subsidiary of:	Nature of Business	Year in Business:
Controller's Name:	Accounts Payable contact:	Tel. No.:

BANK INFORMATION AND CREDIT REFERENCE * PLEASE FILL OUR COMPLETE INFORMATION

Bank Name:		#2 Credit Reference Company Name:	
Street		Address:	
City, State & Zip		City, State & Zip	
Phone#:	Fax#:	Phone#:	Fax#:
Bank Account#		Account#	
#1 Credit Reference Company Name:		#3 Credit Reference Company Name:	
Street		Address:	
City, State & Zip		City, State & Zip	
Phone#:	Fax#:	Phone#:	Fax#:
Account#		Account#	

PERSONAL DATA (*PERSONAL INFORMATION ON OFFICERS, PARTNERS OR GUARANTORS)

Name:		Name:	
Home address:		Home address:	
City, State & Zip		City, State & Zip	
Driver's License #		Driver's License #	
Title:	Social Security No.:	Title:	Social Security No.:

The undersigned authorizes and instructs any person, consumer reporting agency or banking instructions to compile and furnish Spacefox Electronics, Inc. with any information it may have in response to an inquiry from Spacefox Electronics, Inc.. Undersigned further states that all of the above statements are true and complete and are made to Spacefox Electronics, Inc. to obtain credit terms for services rendered. As an authorized agent for the credit applicant, I understand that the terms of payment will be issued upon credit application approval and I hereby agree that any invoice not paid in full within the terms given shall be subject to the maximum interest rate permitted by law or an interest charge of 1.5% per month whichever is lower.

_____	_____	_____
DATE	CUSTOMER SIGNATURE	TITLE