

3500 Beachwood Court, Unit #102 Jacksonville, FL 32224

N30 CREDIT APPLICATION / RELEASE AUTHORIZATION

COMPANY NAME:FEIN	#:
ADDRESS:	
CITY, STATE, ZIP CODE:	_
PHONE NUMBER:FAX:	
BUSINESS CONTACT NAME:EMAIL:	
ACCOUNTS PAYABLE:EMAIL:	
PHONE NUMBER:	
Please provide Trade References that have email addresses. Fax	xed and mailed Requests are rarely answered. We requir
3 Positive Responses to approve N30 Terms. We recommend at	
Anticipated Annual Order Volume with HookandLoop.com \$	
Upon Approval the following apply:	
Customer agrees to pay within N30 Terms. Invoices will show th	he DUE BY DATE and payment is expected to be RECEIVE
on or before that date.	
We offer the option of early pay 2%10 if payment is RECEIVED w	within 10 Calendar days of Invoice date.
If any Invoiced Amount is not received by the DUE BY DATE then the fo	ollowing will be applicab <mark>le:</mark>
1. The Invoiced amount may accrue a late fee of 3% of the balance if	
2. We may condition or revoke future N30 Terms and suspend our se Fees, are paid in full.	ervices to you until amount due, including any accrued Late
Minimum Order for N30 Orders is \$100.00.	
I hereby certify that the information contained herein is complete and understanding that it is to be used to determine the amount and condi authorize the Trade References and Financial Institutions listed in this a HookandLoop.com in order to make a fair determination.	<mark>itions of the c</mark> redit to be extended. Furthermore, I hereby
I acknowledge the N30 Terms andv	will abide by the Terms and Conditions as described above.
(Company Name)	
Signature (Financial Officer or Accounting Manager)	Date
Printed Name	Position / Title







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N30 APPLICATION TRADE REFERENCES

COMPANY NAME: ADDRESS:	
CONTACT NAME:	
EMAIL:	
FAX:	
COMPANY NAME:	
ADDRESS:	
CONTACT NAME:	
EMAIL:	
FAX:	
COMPANY NAME:	
ADDRESS:	
CONTACT NAME:	
EMAIL:	
FAX:	
COMPANY NAME:	
ADDRESS:	
CONTACT NAME:	
EMAIL:	
FAX:	
CONTRANYALANT	
COMPANY NAME:	
ADDRESS:	
CONTACT NAME:	
EMAIL:	



