



2427 North Forsyth Rd.
Orlando, FL 32807
(407) 672-0091
Fax: (407) 672-0093

To:
Attn:
Fax #:
Date:

RE: Credit Application

Attached is a credit application for you to fill out and return via fax. Please sign and date the authorization below in order for us to collect the credit information needed for processing your application. The application process can take up to two weeks, depending on how quick we get responses returned. We will send you a letter via US mail if your credit has been accepted.

We look forward to serving you.

Thank you,
Fiamma, Inc.

Authorization

CUSTOMER RELEASE TO VERIFY INFORMATION

Fiamma U.S.A. Inc. is hereby authorized to verify the credit information and/or secure additional data from a credit agency. The undersigned below personally guarantees payment in full of all amounts due to materials purchased from Fiamma U.S.A. Inc. In case it becomes necessary to place this account in the hands of an attorney for collection, the above named applicant individually agrees to pay a reasonable attorney's fee for such collection.

Date

Signature

Company

CREDIT APPLICATION

FIAMMA Inc.

2427 Forsyth Rd.
Orlando, FL 32807

Credit approved by: _____

Date: _____

Firm Name: _____

Phone: _____

Address: _____

Owners, Partners or Corporate Officers:

| Name | Home Address | City | State | Zip |
|------|--------------|------|-------|-----|
|------|--------------|------|-------|-----|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Phone | _____ | Fax | _____ | _____ |

| Name | Home Address | City | State | Zip |
|------|--------------|------|-------|-----|
|------|--------------|------|-------|-----|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Phone | _____ | Fax | _____ | _____ |

| Name | Home Address | City | State | Zip |
|------|--------------|------|-------|-----|
|------|--------------|------|-------|-----|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Phone | _____ | Fax | _____ | _____ |

Kind of Business: _____

Corporation ___ Partnership ___ Limited Partnership ___ Co-Partnership ___ Sole-Ownership ___

Credit limit requested: _____

Credit limit approved: _____

Years in business: _____

At present location: _____

Is business incorporated? _____

Under laws of what state? _____

Have you ever filed for bankruptcy? _____

Disposition: _____

References that you do equal or greater business with:

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
|------|---------|------|-------|-----|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Phone | _____ | Fax | _____ | _____ |

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
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| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Phone | _____ | Fax | _____ | _____ |

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
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| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Phone | _____ | Fax | _____ | _____ |

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
|------|---------|------|-------|-----|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Phone | _____ | Fax | _____ | _____ |

Where do you bank:

| Name | Address | City | State | Zip |
|------|---------|------|-------|-----|
|------|---------|------|-------|-----|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| Phone | _____ | Fax | _____ | _____ |

Business License: _____ Tax ID No. _____

Are purchase orders required from your company? _____

Please note charges will be accepted only from the above listed persons; any charges in authorized agents must be submitted in writing.

The undersigned hereby certifies that the above information is true and correct and agrees to pay the account in accordance with the terms of FIAMMA U.S.A., Inc.