



Driven to perform, so our customers and their vehicles can too



REMIT TO ADDRESS, INCLUDING ALL PAYMENTS:

230 Canal Blvd # 2 Ponte Vedra Beach, FL 32082
904-543-8118 Fax 904-543-8134

CREDIT APPLICATION

Company Name: _____

Contact Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

STATEMENT DELIVERY PREFERENCE

- o Mail Statement with Copies of Invoices
o Mail Statement Only
o Fax Statement with Copies of Invoices
o Fax Statement Only
o Email Statement Only: _____

AUTHORIZED CORPORATE OFFICER

Balance of account due immediately upon receiving statement. All accounts 30 days past due will be placed on cash only list. Billing period runs on a monthly basis, therefore, all services beginning on the first and ending on the final day of the month will be billed by the 3rd.

Signature: _____ Date: _____

OFFICE USE ONLY: Approved: _____ Account Code: _____ Date: _____