



Customer Information & Credit Application Form

P.O. Box 10179, West Palm Beach, Florida 33419

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Company Name		DBA		Salesrep Name	
Street		City		State	Zip
Telephone	Fax		Email		
Shipping Address (if different from above)					
Street		City		State	Zip
Telephone	Fax		Email		
Billing Address		City		State	Zip
Accounting Contact		Telephone Email			
Customer Service Contact		Telephone Email			
Buyer Contact		Telephone Email			
Type of Business				Years Established	
				Estimated Annual Volume \$	
Federal Tax ID				Duns Number (DNB)	
Principals (Officers or Owners)		Title			SSN
Principals (Officers or Owners)		Title			SSN
Bank Reference		Acct#			
Street		City		State	Zip
Trade Reference		Acct# Phone Fax			
Street		City		State	Zip
Trade Reference		Acct# Phone Fax			
Street		City		State	Zip
Trade Reference		Acct# Phone Fax			
Street		City		State	Zip
BLANKET CERTIFICATE OF RESALE. This is to certify that all material, merchandise, or goods purchased by the undersigned from EURO LINK, LP after is purchased for the following purpose: Resale_____ To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining . This certificate is to continue in force until revoked. Certificate Number_____ By_____ (please furnish a copy of your Resale or Sales Exemption Certificate)					
The undersigned for consideration do hereby personally guarantee collectively and individually the full and immediate prompt payment to EURO LINK, LP of all indebtedness heretofore or hereafter incurred for the purchase of materials supplied to _____, and authorize investigation of all credit information listed above.					
This guarantee shall not be affected by the amount of credit extended or any change in the form of said indebtedness. Notice of extension of credit and any right to demand that EURO LINK, LP any revocation does not revoke the obligation of the guarantors to provide for prompt payment for indebtedness incurred prior to the revocation.					
Signature: _____		Signature: _____			
Name (print): _____		Name (print): _____			
Date: _____		Date: _____			
Form must be filled out in it's entirety to be processed.					
Euro Link, LP Finance Use Only:					
Approved Credit Terms: _____		Approved Credit Limit: _____			
Approved Date: _____		Approved By: _____			