

eLifeguard.com

265 Barnes Blvd ▪ Rockledge, FL 32955
Tel: 321-433-3630 ▪ Fax: 321-433-3631

CREDIT APPLICATION

Company Name: _____

Billing Address: _____

City, State, Zip: _____

Telephone #: _____ Fax #: _____

Years in Business: _____ Federal Tax ID #: _____ D&B #: _____

Owner(s) or Officer(s) Name(s):

1. _____ Title: _____

2. _____ Title: _____

Proprietorship _____ Partnership _____ Corporation _____ LLC _____

Bank Name: _____ Contact: _____

Address: _____

City, State, Zip: _____ Tel #: _____

How did you hear about us? _____

TRADE REFERENCES:

Fax numbers are requested to complete credit check-please provide!

1. Company Name: _____ Tel #: _____

Billing Address: _____

City, State, Zip: _____ Fax #: _____

2. Company Name: _____ Tel #: _____

Billing Address: _____

City, State, Zip: _____ Fax #: _____

Personal Guarantee – I _____ DL# _____

promise to pay any and all debt personally should the above listed company not

fulfill its obligation to do so. **REQUIRED FOR PURCHASE**

PERSONAL GUARANTEE

(REQUIRED FOR PURCHASE)

Company Name _____

EIN # _____

I _____ Date _____ promise
to pay any and all debt owed ELIFEGUARD, INC. (eLifeguard.com), personally
should the above listed company not fulfill its obligation to do so.

Print Name _____

Drivers License # _____

Address _____

City / ST / Zip _____

Phone Number _____