



"A statewide firm with nationwide coverage devoted to providing payroll solutions to our distinct class of clients"

CREDIT APPLICATION FORM

Federal Tax I.D. # _____

Legal Business Name: _____

D/B/A: _____

Street Address (no PO Box): _____

City: _____ State: _____ Zip: _____ Yrs. At Address: _____

Applicant's Legal Name: First _____ Middle _____ Last _____ Suffix _____

Social Security #: _____

Street Address (no PO Box): _____

City: _____ State: _____ Zip: _____ Yrs. At Address: _____

If required/requested

Co-Applicant's Legal Name: First _____ Middle _____ Last _____ Suffix _____

Social Security #: _____

Street Address (no PO Box): _____

City: _____ State: _____ Zip: _____ Yrs. At Address: _____

The information and this application are furnished as an inducement to Intercoastal Payroll Solutions, LLC. to extend credit to applicant. In signing, I as owner, partner or authorized agent of _____ authorize Intercoastal Payroll Solutions, LLC to investigate all information on this application and hold free from liability all creditors and others who may respond to inquiries made by Intercoastal Payroll Solutions, LLC. All balances carried beyond the due date will be delinquent and at the end of the calendar month due, and will be assessed a carrying charge at the rate of 1 1/2% per month (18% per annum). In signing I, as owner, partner or authorized agent, certify all statements made on this application to be true and complete to the best of my knowledge and agree by the terms as stated herein, it is also agreed that should litigation become necessary to recover any debt owing, the debtor shall bear the expense of reasonable attorney's fees and court costs and that venue shall be in St. Lucie County, Florida. In signing, I as owner, partner or authorized agent of _____ hereby sign also in an individual capacity. In so signing I agree to Guarantee said payment for all credit extended by Intercoastal Payroll Solutions, LLC. and bind myself individually to payment of same.

SIGNATURE OF OWNER (S), PARTNER (S) OR AUTHORIZED AGENT (S):

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____