

**ADVANCED COMMUNICATION RESOURCES, INC.
10650-7 HAVERFORD RD.
JACKSONVILLE, FLORIDA 32218
(904) 757-4347 - Telephone**

APPLICATION FOR CREDIT

FIRM NAME: _____
 DOING BUSINESS AS: _____
 MAILING ADDRESS: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE: _____ FAX: _____ YEARS IN BUSINESS: _____

TYPE OF BUSINESS

CORPORATION PARTNERSHIP PROPRIETORSHIP

PRINCIPAL OWNERS(S) OR OFFICER(S) ARE:

NAME:	TITLE	RESIDENCE ADDRESS	CITY/STATE/ZIP:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TRADE REFERENCES: (PLEASE FURNISH COMPLETE ADDRESS & TELEPHONE NUMBER)

COMPANY:		
ADDRESS:	CITY:	STATE:
PHONE:	FAX:	
COMPANY:		
ADDRESS:	CITY:	STATE:
PHONE:	FAX:	
COMPANY:		
ADDRESS:	CITY:	STATE:
PHONE:	FAX:	

SALES TAX INFORMATION

SALES TAX # _____

- RESALE AS TANGIBLE PERSONAL PROPERTY
- TO BE INCORPORATED AS A MATERIAL OR PART OF OTHER TANGIBLE PERSONAL PROPERTY TO BE PRODUCED FOR SALE BY MANUFACTURING, ASSEMBLING, PROCESSING OR REFINING.
- TO BE EXPORTED FOR SALE, USE, OR CONSUMPTION OUTSIDE THE LIMITS OF THE UNITED STATES.
- OTHER _____

AGREEMENT

1. I (WE) WARRANT THAT THE INFORMATION PROVIDED HEREIN IS CORRECT AND IS FURNISHED TO YOU FOR THE PURPOSE OF OBTAINING CREDIT FROM YOUR FIRM. I REPRESENT THAT I AM (WE ARE) AUTHORIZED IN MY (OUR) CAPACITY TO BIND MY (OUR) FIRM ACCORDINGLY. IF IT IS NECESSARY FOR YOU TO TAKE LEGAL ACTION TO COLLECT THIS ACCOUNT, I (WE) AGREE TO SUBMIT TO THE JURISDICTION OF THE STATE OF FLORIDA. I (WE) FURTHER AGREE THAT THE VENUE FOR ANY SUIT RELATED TO OR CONCERNING THIS ACCOUNT OR OUR BUSINESS RELATIONSHIP WITH YOU SHALL BE JACKSONVILLE, DUVAL COUNTY, FLORIDA. IN ANY SUCH PROCEEDINGS, I (WE) WAIVE THE RIGHT TO A TRIAL BY JURY. ALL MONIES RECEIVED SHALL BE APPLIED AGAINST FINANCE CHARGES, IF ANY, THEN THE OLDEST BALANCES.

