



Credit Application

1. PLEASE COMPLETE ALL REQUIRED FIELDS TO ENSURE PROMPT PROCESSING

FULL BUSINESS NAME			PRIMARY PHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE
HAVE YOU FILED BANKRUPTCY OR HAD A JUDGEMENT/LIEN AGAINST YOU? YES NO	SALES TAX I.D. NUMBER (MUST SUBMIT COPY OF CERTIFICATE)		FEDERAL ID NUMBER	

2. TYPE OF ACCOUNT - BUSINESS (REQUIRED)

DO YOU REQUIRE A PURCHASE ORDER ON ALL ORDERS? YES NO	BUSINESS TYPE	DO YOU CONSENT TO RECEIVE PHONE CALLS EMAIL <input type="checkbox"/> <input type="checkbox"/>
NUMBER OF EMPLOYEES	NUMBER OF YEARS IN BUSINESS	DUNS NUMBER
MARKET SEGMENT SERVICES?		WAREHOUSE LOCATION and SQUARE FOOTAGE?
ARE YOU A MEMBER OF A BUYING GROUP? YES NO	IF YES, NAME OF BUYING GROUP	

3. NAME OF PRINCIPALS AND CONTACTS (REQUIRED)

OWNER/MANAGER NAME	E-MAIL	TELEPHONE NUMBER AND EXTENTION
PURCHASING CONTACT	E-MAIL	TELEPHONE NUMBER AND EXTENTION
ACCOUNTS PAYABLE CONTACT	E-MAIL	TELEPHONE NUMBER AND EXTENTION

4. TRADE REFERENCES & OTHER COMPANIES OR SUPPLIERS THAT EXTENDED CREDIT (REQUIRED)

COMPANY NAME	PHONE NUMBER	EMAIL	ACCOUNT NUMBER
COMPANY NAME	PHONE NUMBER	EMAIL	ACCOUNT NUMBER
COMPANY NAME	PHONE NUMBER	EMAIL	ACCOUNT NUMBER
COMPANY NAME	PHONE NUMBER	EMAIL	ACCOUNT NUMBER

5. PLEASE READ ATTACHED AXIS REDISTRIBUTION TERMS & CONDITIONS (REQUIRED)

IN CONSIDERATION OF CREDIT EXTENSION, APPLICANT (CUSTOMER) AGREES ALL TRANSACTIONS SHALL BE GOVERNED BY AXIS REDISTRIBUTION COMPANY'S STANDARD TERMS AND CONDITIONS OF SALE.	
SIGNATURE AND TITLE OF APPLICANT	DATE
NAME AND TITLE OF APPLICANT	WPHONE NUMBER

6. REQUIRED IF PROPRIETORSHIP, PARTNERSHIP, OR CORPORATE GUARANTOR

I HEREBY PERSONALLY GUARANTY PAYMENT OF THE ACCOUNT AS STATED ABOVE AND AGREE ALL TRANSACTIONS MADE SHALL BE GOVERNED BY AXIS REDISTRIBUTION'S STANDARD TERMS AND CONDITIONS OF SALE.			
SIGNATURE OF GUARANTOR, PROPRIETOR OR PARTNER	TITLE	NAME	DATE
ADDRESS	EMAIL	PHONE NUMBER OF SIGNOR	SOCIAL SECURITY NUMBER
SIGNATURE OF GUARANTOR, PROPRIETOR OR PARTNER	TITLE	NAME	DATE
ADDRESS	EMAIL	PHONE NUMBER OF SIGNOR	SOCIAL SECURITY NUMBER

A COMPLETED SIGNED APPLICATION IS REQUIRED TO PROCESS YOUR REQUEST.

INVOICE PAYMENTS TO:
PO BOX 8675
JUPITER, FL 33468

WAREHOUSE LOCATION:
8965 E. SLIGH AVE
TAMPA, FL 33610

ACCOUNTS RECEIVE - AR@AXISRD.COM
CUSTOMER SERVICE - CS@AXISRD.COM