

Application for Store Credit



FLORIDA PAINTS

Please print clearly and complete all requested information.

COMPANY INFORMATION						Page 1 of 2
Company Name					Date	
Street Address			City		State	Zip
Mailing Address <small>(if different from above)</small>			City		State	Zip
Business Phone <small>(include area code)</small>		Cellular Phone <small>(include area code)</small>		Fax <small>(include area code)</small>		
Business E-mail Address			Billing E-mail Address <small>(if different from address at left)</small>			
Accounts Payable Contact Name		Cellular Phone Number <small>(include area code)</small>		Accounts Payable Phone Number <small>(if different from office phone)</small>		
Your company structure is a... <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		Registered in the State of... <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership		Date of Incorp.		FEIN <input type="text"/> - <input type="text"/>
Which selection best describes your type of business? <input type="checkbox"/> Paint Contracting <input type="checkbox"/> Multifamily <input type="checkbox"/> Property Mgmt				Other (please specify)		How many years has your company been in business?
						How many people does your company employ?
BUSINESS OWNER INFO						
OWNER 1 Full Name			Social Security Number			
Home Address			City		State	Zip
OWNER 2 Full Name			Social Security Number			
Home Address			City		State	Zip
BILLING PREFERENCES						
How do you wish to receive your Monthly Statements?		<input type="checkbox"/> Paper copy via mail only <input type="checkbox"/> Electronic copy via e-mail only <input type="checkbox"/> Both		Would you like additional copies of all invoices included with your Monthly Statement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How do you wish to receive your Purchase Invoices?		<input type="checkbox"/> Paper copy at time of purchase only <input type="checkbox"/> Electronic copy via e-mail only <input type="checkbox"/> Both		Would you like item pricing to be hidden on printed invoices at time of sale? Pricing always appears on electronic invoices.		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your business tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No		If tax exempt, what is the certificate number?				Please attach a copy of your Blanket Certificate of Resale
AUTHORIZATION (Please provide the names of individuals authorized to charge purchases on this account.)						
Individual 1 Full Name <small>(Please Print)</small>			<input type="checkbox"/> No		Phone <small>(include area code)</small>	
Individual 2 Full Name <small>(Please Print)</small>					Phone <small>(include area code)</small>	
Individual 3 Full Name <small>(Please Print)</small>					Phone <small>(include area code)</small>	
YOUR REPRESENTATIVE & STORE						
Do you have a relationship with a Florida Paints Sales Representative? If so, what is his or her name?				Which Florida Paints store will you visit the most? <small>(Your account is valid at all locations.)</small>		
CREDIT REQUESTED & PLANNED PURCHASES						
Amount of Monthly Credit \$ Requested		What do you estimate your annual purchases from Florida Paints will be? \$		What will your combined annual purchases be from \$ all paint suppliers?		
Please continue to page two						
<input type="checkbox"/> Paper copy via mail only <input type="checkbox"/> PDF format via e-mail only						
THIS AREA IS FOR FLORIDA PAINTS INTERNAL USE		SID	RID	DPL	QYN	CTC

TRADE REFERENCES

COMPANY 1 Name	Acct No	Years Active
Address (City, ST Zip)		Phone (with area code)
COMPANY 2 Name	Acct No	Years Active
Address (City, ST Zip)		Phone (with area code)
COMPANY 3 Name	Acct No	Years Active
Address (City, ST Zip)		Phone (with area code)

WILLINGNESS TO PAY

As applicant(s) my/our signature attests financial responsibility and willingness to pay all Florida Paints invoices per agreed terms (net 10th of the month following the month of purchase unless stated otherwise) and to maintain the account within limits of credit granted. I/We also understand that a monthly service charge of 1.5% can be assessed to accounts delinquent over 30 days. In the event it becomes necessary to place collection of the account with an attorney, I/we agree to pay all charges and expenses related to said collection effort, including, but not limited to, reasonable attorney fees and post judgment interest. It is also agreed that, in the event a suit should take place, I/we hereby waive the right to a trial by jury and waive the privilege of the suit taking place in the county of my/our residence and/or business and agree that suits may be brought in Orange County, Florida. Florida Paints reserves the right to discontinue or refuse to extend credit to the Customer at anytime, without notice, at Florida Paints sole discretion.

The above information, as well as that given on the reverse side of this form, is for the purpose of obtaining credit only, and is warranted to be true. I/We hereby authorize Florida Paints & Coatings, LLC. to investigate the references listed pertaining to my/our credit and financial responsibility.

_____ Company Name _____ Officer Name (print please)

_____ REQUIRED Officer Signature _____ Date _____ Officer Title

PERSONAL GUARANTEE (Please complete to achieve the highest possible credit limit.)

I, (print your legal name) _____, whose legal home address is (print your legal home street address, city, state and zip) _____, for and in consideration of extending credit at my request to (print the name of the company applying for credit) _____ (hereinafter referred to as the "Company,") of which I am (print your title or relationship to the company applying for credit)

_____ hereby personally guarantee the payment to Florida Paints & Coatings, LLC, in the State of Florida, for any obligation of the Company, and I hereby agree to bind myself to pay on demand any sum which may become due by the Company in the event that the Company shall fail to pay the same. In the event that it becomes necessary for Florida Paints & Coatings, LLC to incur collection costs or institute suit to collect any amount due pursuant to credit extended, the undersigned promises to pay all costs, charges, and expenses related to said collection efforts, including but not limited to, reasonable attorney's fees and post judgment interest. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I hereby waive notice of default, nonpayment, and notice thereof and consent to modification or renewal of the

_____ Guarantor Signature _____ Date _____

_____ Guarantor Name (print please) _____

_____ Guarantor Social Security Number _____

Thank you for taking the time to complete this application. You will be notified when processing is complete.

To submit this form by mail, please send to:

Florida Paints
 Attention: Credit Department
 7269 Bee Ridge Rd
 Sarasota, FL 34241

For inquiries regarding this application contact us...

941.371.0015 x 105 • Fax: 407.641.9559
 E-mail: Billing@FloridaPaints.com

For a list of our store locations visit...

FloridaPaints.com



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