

# Application for Cash Account



# FLORIDA PAINTS

Please print clearly and complete all requested information.

Company Name			Date														
Street Address		City		State	Zip												
Mailing Address (if different from above)		City		State	Zip												
OWNER 1 Full Name			OWNER 2 Full Name														
Business Phone (include area code)		Cellular Phone (include area code)		Business E-mail Address													
Which selection best describes your type of business? <input type="checkbox"/> Paint Contracting <input type="checkbox"/> Multifamily <input type="checkbox"/> Property Mgmt <input type="checkbox"/> Other (please specify)																	
Is your business tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No		If tax exempt, what is the certificate number? <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>														Please attach a copy of your Blanket Certificate of Resale	
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? (Your account is valid at all locations.)														

Customer Signature	Print Name	Date
Your signature affirms that you agree to the terms and conditions of a Florida Paints Account, which are "PAID IN FULL AT TIME OF PURCHASE." This account is not a charge account and does not entitle you to receive any credit terms.		

Please tell us what the most important things are that you expect from your Paint Supplier.

Comments:

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

To submit this form by mail, please send to: <b>Florida Paints</b> 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: <a href="mailto:Billing@FloridaPaints.com">Billing@FloridaPaints.com</a>  For a list of our store location, please visit: <b>FloridaPaints.com</b>	SID RID DPL QYN CTC
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