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? ☐ Paint Contracting ☐ Multifamily ☐ Property Mgmt ☐ Other (please specify)

Is your business tax exempt? ☐ Yes ☐ No

If tax exempt, what is the certificate number? ☐☐ – ☐☐☐☐☐☐☐☐☐☐ – ☐

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.

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 location, please visit:
FloridaPaints.com

INTERNAL USE
SID
RID
DPL
QYN
CTC