

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>		Fax <small>(include area code)</small>		Cellular Number <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				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...		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		<input type="checkbox"/> Other <small>(please specify)</small>		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		<input type="text"/>	
Home Address			City		State	Zip
OWNER 2 Full Name			Social Security Number		<input type="text"/>	
Home Address			City		State	Zip
BILLING PREFERENCES						
How do you wish to receive your Purchase Invoices? <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			Do you require a job name for each invoice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Florida Paints prefers electronic, paperless monthly statements. Would you like a copy of a paper statement to be mailed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you require a purchase order for each invoice? <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? <input type="text"/>		<input type="text"/>		Please attach a copy of your Blanket Certificate of Resale
AUTHORIZATION <i>(Please provide the names of individuals authorized to charge purchases on this account.)</i>						
Individual 1 Full Name <small>(Please Print)</small>					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						
THIS AREA IS FOR FLORIDA PAINTS INTERNAL USE		SID	RID	DPL	QYN	CTC

