

Application for Store Credit Account



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"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Partnership		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"/> Other <small>(please specify)</small> <input type="checkbox"/> Multifamily <input type="checkbox"/> Property Mgmt		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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	State	Zip				
OWNER 2 Full Name	Social Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	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>	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>
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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? \$
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FP Credit App 190402

THIS AREA IS FOR FLORIDA PAINTS INTERNAL USE	SID	RID#	DPL	QYN	LGS	CTC
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TRADE REFERENCES

Table with 3 columns: Company Name, Acct No, Years Active. Includes rows for COMPANY 1, COMPANY 2, and COMPANY 3, each with an Address and Phone field.

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.

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.

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 Road
Sarasota, FL 34241

For inquiries regarding this application contact us...
941.371.0051 x105 • Fax: 407.641.9559
e-mail: Billing@FloridaPaints.com
For a list of our store locations visit...
FloridaPaints.com

