



APPLICATION FOR CREDIT

AGREEMENT FOR PAYMENT

NAME OF BUSINESS _____ PH # _____
ADDRESS _____ FAX # _____
CITY _____ STATE _____ ZIP _____ CELL# _____
TYPE OF BUSINESS _____ HOW LONG IN BUSINESS _____ #YRS.
SALES TAX NUMBER (IF APPLICABLE) _____

1) **PRINCIPAL NAME** _____ TITLE _____
SOCIAL SECURITY # _____ CELL # _____

2) **PRINCIPAL NAME** _____ TITLE _____
SOCIAL SECURITY # _____ CELL # _____

BANK REFERENCE NAME _____ PHONE _____ ACCT # _____

NAME ON CREDIT CARD _____ # _____ EXP _____

CREDIT REFERENCES: (Material Suppliers ONLY please)

NAME/ADDRESS /PH & FAX# _____
NAME/ADDRESS /PH & FAX# _____
NAME/ADDRESS /PH & FAX# _____

IN CONSIDERATION OF THE ACCEPTANCE OF THIS APPLICATION / AGREEMENT **I / WE AGREE TO PAY ALL PURCHASES BY THE 10th OF THE MONTH FOLLOWING THE DATE OF PURCHASE.** IF PAYMENT IS NOT PAID AS AGREED BY THE 10TH OF THE MONTH, I / WE AUTHORIZE CONSTRUCTION SUPPLY OF SOUTHWEST FLORIDA, INC. TO APPLY THE BALANC DUE TO THE CREDIT CARD ON FILE. ALSO, IF IT BECOMES NECESSARY TO EFFECT COLLECTION I / WE AGREE TO PAY REASONABLE ATTORNEY'S FEES IN ADDITION TO THE AMOUNT OF MY / OUR BILL PLUS INTEREST AND ALLOWABLE COURT COSTS. I / WE AGREE THE VENUE OF ANY SUCH ACTION FOR COLLECTIONS OF ACCOUNTS OWED SHALL BE IN SARASOTA COUNTY FLORIDA. I / WE GUARANTEE THE PAYMENT OF ANY CORPORATE OR PARTNERSHIP ACCOUNT INCLUDING ALL FEES AND COSTS SET FORTH ABOVE AND AGREE TO BE INDIVIDUALLY RESPONSIBLE FOR PAYMENT OF SAME.

PRINCIPAL SIGNATURE _____ TITLE _____ DATE _____

PRINT NAME _____

OFFICE USE ONLY ACCEPTED BY _____ TITLE _____ DATE _____