

CONSTRUCTION SUPPLY OF SOUTHWEST FLORIDA, INC.

APPLICATION FOR CREDIT / AGREEMENT FOR PAYMENT

NAME OF BUSINESS _____ PH # _____

ADDRESS _____ FAX # _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ HOW LONG IN BUSINESS _____ #YRS.

SALES TAX NUMBER (IF APPLICABLE) _____ COMPANY EMAIL _____

1) **PRINCIPAL NAME** _____ TITLE _____

EMAIL _____ SOCIAL SECURITY# _____ CELL # _____

2) **PRINCIPAL NAME** _____ TITLE _____

EMAIL _____ 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 BALANCE DUE TO THE CREDIT CARD ON FILE. CSSWF RESERVES THE RIGHT TO PROTECT THEIR LIEN RIGHTS ON ALL PROJECTS FOR WHICH THEY PROVIDE MATERIALS. IF A NOTICE TO OWNER IS REQUIRED THE FEE WILL BE CHARGED TO YOUR ACCOUNT. CSSWF ASK THAT YOU PROVIDE A JOB NAME AND ADDRESS AT THE TIME MATERIALS ARE ORDERED OR PURCHASED SO THAT THEY MAY COMPLETE YOUR ORDER WITHOUT DELAY. 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 _____