

RESIDENTIAL BUILDING SUPPLY
P.O. BOX 530128
327 E. Highbanks Rd.
DeBary, FL 32753-0128
DeBary (386) 668-4468
Orlando (407) 647-7771
Fax (386) 668-2557

DATE _____

LEGAL NAME OF CORPORATION
PARTNERSHIP OR PROPRIETORSHIP _____

ADDRESS _____
STREET CITY STATE ZIP

BUSINESS PHONE _____

IF THIS IS A SUBSIDIARY
NAME AND ADDRESS OF PARENT COMPANY _____

TYPE OF BUSINESS: PARTNERSHIP INDIVIDUAL PROPRIETORSHIP CORPORATION
HOW LONG IN EXISTENCE _____ YEARS
IF CORPORATION:
STATE INCORPORATED IN _____
DATE INCORPORATED _____

PRINCIPALS: NAME	HOME ADDRESS	SOCIAL SECURITY NUMBER	POSITION
A) _____	_____	_____	_____
B) _____	_____	_____	_____
C) _____	_____	_____	_____

CREDIT REFERENCES:

- 1) Bank Name _____ Telephone Number _____
Street Address _____ City _____ State _____ Zip _____
- 2) Bank Name _____ Telephone Number _____
Street Address _____ City _____ State _____ Zip _____
- 3) Supplier Name _____ Telephone Number _____
Street Address _____ City _____ State _____ Zip _____
- 4) Supplier Name _____ Telephone Number _____
Street Address _____ City _____ State _____ Zip _____
- 5) Supplier Name _____ Telephone Number _____
Street Address _____ City _____ State _____ Zip _____
- 6) Supplier Name _____ Telephone Number _____
Street Address _____ City _____ State _____ Zip _____

CUSTOMER BUILDS - CONTRACT _____ % SPECULATIVE _____

TYPE JOB - COMMERCIAL _____ RESIDENTIAL _____ APARTMENTS _____

IS JOB BONDED? YES _____ NO _____ IF SO BONDING AGENCY _____

ADDRESS _____

HOW MANY HOMES DOES CUSTOMER BUILD PER YEAR? _____

PRICE RANGE OF HOMES CUSTOMER BUILDS? _____

OVER PLEASE

NAMES OF PERSONS AUTHORIZED TO CHARGE ON THIS ACCOUNT: _____

(NOTE: Charges will be accepted only from the above - listed persons; any change in authorized agents must be submitted in writing.)

In making this application I / We certify that this information is true and correct and agree to pay this account in accordance with your credit terms. I / We agree that if not paid within your credit terms the account is delinquent and subject to the maximum legal interest rate which will be charged each month. In the event of default and referral to an attorney or collection agency I / We agree to pay all costs of collection including reasonable attorney fees. I / We authorize you to verify this information and / or obtain additional information by securing data from a credit reporting agency.

Signed _____ Position _____
Signed _____ Position _____

(NOTE: If a partnership, all partners must sign. If a corporation, an authorized corporate officer must sign.)

PERSONAL GUARANTEE FOR CORPORATE ACCOUNTS

In consideration for the credit extended to the above listed corporation, the undersigned hereby guarantees and agrees to be personally liable for all indebtedness incurred by the corporation through any of its authorized agents listed above.

Signed _____ Date _____

Signed _____ Date _____
