CREDIT APPLICATION

GATOR DOOR & SUPPLY CO., INC.

Manufacturers of Pre-Hung Door Units & Trim

3009 N.E. 19th DRIVE
GAINESVILLE, FLORIDA 32609
Phone: 352-375-8539

16020 AVIATION LOOP DRIVE
BROOKSVILLE, FLORIDA 33512
Phone: 352-799-0144

SALESPERSON NAME _____ CUST. NO. _____

BUSINESS

COMPANY NAME | FAX ( )

STREET ADDRESS | PHONE ( )

CITY | STATE | ZIP CODE

BUSINESS INFORMATION

FULL NAME OF OWNER OR OWNERS (OR AUTHORIZED OFFICERS OF CORPORATION). PLEASE LIST HOME ADDRESS AND PHONE NUMBER FOR PROPRIETORSHIP OR PARTNERSHIP.

NAME | TITLE | STREET ADDRESS | CITY, STATE & ZIP | PHONE ( )

NAME | TITLE | STREET ADDRESS | CITY, STATE & ZIP | PHONE ( )

NAME | TITLE | STREET ADDRESS | CITY, STATE & ZIP | PHONE ( )

PLEASE CHECK ONE ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION | NAME OF STATE INCCRPORATED | FED. I.D. NO. OR SOC. SEC. NO.

TYPE OF BUSINESS | MONTH/YEAR ESTABLISHED | CONTRACTOR LICENSE NO.

ESTIMATED ANNUAL SALES | AMOUNT OF REQUESTED LINE OF CREDIT

FORMER BUSINESS | LOCATION

BUILDING ☐ OWN ☐ RENT ☐ LEASE | NAME OF LESSOR | ESTIMATED VALUE

NAME OF ACCOUNTANT | ADDRESS | PHONE ( )

SALES TAX EXEMPTION NO. | STATE | REASON FOR EXEMPTION

TRADE REFERENCES

LIST TRADE FIRMS THAT YOU HAVE PURCHASED FROM WITHIN THE LAST THREE YEARS

NAME OF FIRM | CITY/STATE | PHONE ( )

NAME OF FIRM | CITY/STATE | PHONE ( )

OTHER BUSINESSES THAT YOU HAVE PURCHASED FROM WITHIN THE LAST THREE YEARS

NAME | CITY/STATE | PHONE ( )

NAME | CITY/STATE | PHONE ( )

NAME | CITY/STATE | PHONE ( )

BANK

BANK NAME | CITY/STATE | TYPE OF ACCOUNT

ACCOUNT NUMBER | BANK CONTACT PERSON | PHONE ( )

AUTHORIZATION

PURCHASE ORDERS REQUIRED? ☐ YES ☐ NO | WILL YOU HONOR WORK PRODUCED ON ORDER OF ANY OF YOUR EMPLOYEES ☐ YES ☐ NO

IF LIMITED AUTHORIZATION, LIST NAME/S AUTHORIZED TO PURCHASE

PERSON TO CONTACT REGARDING PURCHASES | PHONE ( )

PERSON TO CONTACT REGARDING PAYMENT | PHONE ( )

DESIGNATED BILLING ADDRESS

TERMS OF SALE - NET 10

All orders are invoiced upon delivery. A copy of the invoice will be mailed. The invoiced amount is due and payable within (10) days of invoice date. Any portion unpaid on the thirtieth (30th) day is considered delinquent and all future orders may be subject to C.O.D.

A late payment charge of one and one half percent per month on the unpaid balance will be made on all past due accounts. Should this rate exceed the maximum rate that is lawful under the circumstances, that maximum rate shall apply. Applicant agrees to pay all reasonable attorney's fees and other cost of collection. Applicant also agrees that any suit instituted for the collection of past due accounts may be properly brought in Alachua County, Florida.
I, the undersigned, certify that the above is true and correct to the best of my knowledge. I, also, understand that all charges are subject to invoice terms.

PRINT NAME AND TITLE _____ **DATE** _____

By my signature below, I personally and individually guarantee payment on this account promptly and agree to the terms and conditions set forth herein.

SIGNATURE _____ **DATE** _____