



Credit Application (PRINT ALL INFORMATION)

BUSINESS INFORMATION

Individual or Legal Business Name _____
 Trade Name or d/b/a _____
 Mailing Address _____
 Shipping Address _____
 Phone _____ Fax _____ Florida Resale Tax Certificate Required? Yes ___ No ___
(MUST BE RE-SUBMITTED ANNUALLY)
 Website _____
 Amount of Credit Requested \$ _____ Do you require a Purchase Order Number? Yes ___ No ___
 Person who will be signing checks: Name _____
 Social Security Number _____ Driver's License Number _____
 Type of Business: Individual ___ Sole Proprietor ___ Partnership ___ Corporation ___ LLC ___

BUSINESS ORGANIZATION

Federal Tax ID number _____ D&B Number _____ How long in business? _____
 Officers/Partners:
 Name _____ Position _____ Soc. Sec. _____ E-mail _____
 Home Address _____ Cell _____
 Name _____ Position _____ Soc. Sec. _____ E-mail _____
 Home Address _____ Cell _____
 Name _____ Position _____ Soc. Sec. _____ E-mail _____
 Home Address _____ Cell _____

TRADE REFERENCES

Bank Name _____ Bank Contact Person _____
 Reference Name _____ Phone _____ Fax _____
 Mailing Address _____
 Reference Name _____ Phone _____ Fax _____
 Mailing Address _____
 Reference Name _____ Phone _____ Fax _____
 Mailing Address _____

TERMS & CONDITIONS

I understand that I must provide all the information requested in this application and I certify that such information is accurate. I authorize you to verify the information on the application and exchange information on me and the company, including requesting reports from credit reporting agencies. I am aware that this information will be used to determine my/company's eligibility for credit and that if my/company's application is approved, you may contact these sources to update information at any time. The undersigned understands the terms of Ben's Paint Supply are Net by the 10th. I agree to pay 1.5% monthly service charge for all sums owed on the account which are thirty days past due. I and the company agree to pay all collection costs, including attorney fees, if action is necessary to collect past due amounts. The undersigned personally guarantees payment for all charges made on this account.

Signature of Applicant _____
 Printed Name of Applicant _____ Date _____

After you have completed the application, sign the Terms and Conditions section. Then fax the completed application to (386) 252-0138 or mail it to Ben's Paint Supply Accounting Department, 122 S. Segrave Street, Suite 140, Daytona Beach, FL, 32114

OFFICE USE ONLY

SP _____ Store _____ PC _____ Group code _____