



6401 Badger Drive  
Tampa, FL 33610

813 623 3553  
800 282 2924  
Fax 813 623 3558

### CREDIT APPLICATION

Sales Rep \_\_\_\_\_

Company Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Billing Address: \_\_\_\_\_

County \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

County \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How Long In Business: \_\_\_\_\_ E-mail: \_\_\_\_\_

Owner: \_\_\_\_\_ SS#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Sales Tax ID#: \_\_\_\_\_ (Required for tax exemption)

Manager/Contact: \_\_\_\_\_ PO# Required? Yes No

Special instructions: \_\_\_\_\_

Bank Reference: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Officer: \_\_\_\_\_ Phone #: \_\_\_\_\_

All charges are due **THIRTY DAYS** from invoice date and are due and payable to FabriClean Supply of Florida, LP 6401 Badger Drive Tampa FL 33610. The undersigned personally hereby unconditionally agrees to pay FabriClean Supply of Florida, LP (the Company) the prompt and complete payment when due of any and all unpaid amounts owing at any time to the above company. The creditor may proceed directly against the undersigned without having exhausted remedies against the above named firm. The undersigned agrees to pay reasonable attorney's fees and any and all other costs and expenses incurred in collecting past due amounts. Customer is subject to a service charge of 1.5% per month on all past due accounts and a 15% restocking fee on all goods returned when an order is filled correctly and merchandise is accepted for return. Supplies and equipment purchased are guaranteed only to the extent they are guaranteed by the manufacturer. All claims are null and void unless reported in writing within ten days of receipt. Buyer shall, at its cost and expense, defend, indemnify, and hold the Companies harmless from and against any claims by any other party arising out of or in connection with the products or their use, installation, or maintenance, or otherwise arising out of the Company's performance of this agreement.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant's signature above signifies full and unconditional acceptance of all the terms and conditions of terms as stated above. Applicant declares all information submitted to be true and correct to the best of their knowledge and authorizes the Company to verify applicant's employment and credit history and to answer any inquiries concerning applicant's credit history with the Company.

Please attach your Tax Exemption Resale Certificate.

|              |              |              |                |              |              |
|--------------|--------------|--------------|----------------|--------------|--------------|
| Florida      | Alabama      | Virginia     | South Carolina | Georgia      | Tennessee    |
| Tampa        | Birmingham   | Richmond     | Columbia       | Decatur      | Nashville    |
| 800-282-2924 | 800-626-8428 | 800-446-3006 | 800-272-0540   | 800-688-3032 | 800-622-3479 |
| Jacksonville |              |              |                |              | Knoxville    |
| 800-553-9040 |              |              |                |              | 800-888-2234 |