

# PROPERTY INFORMATION FORM

PLEASE COMPLETE ALL SECTIONS AS INCOMPLETE FORMS CAN NOT BE PROCESSED.

## PROPERTY INFORMATION

Property Name: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Property Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Property Manager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Property Manager Email: \_\_\_\_\_

Service Manager: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Service Manager Email: \_\_\_\_\_

## MANAGEMENT COMPANY INFORMATION

Owner Name: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Management Company: \_\_\_\_\_ Email Address / Website: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Owner Managed?:    Yes            No

## ACCOUNTING INFORMATION

Contact: \_\_\_\_\_ Amount of Credit Desired within 30 Days: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address for Invoicing: \_\_\_\_\_ PO's Required?:    Yes            No

## HOUSE OF FLOORS, INC. CREDIT TERMS

- A. Our Terms are Net 30
  - B. Any Account over the credit limit will be placed on Credit Hold.
  - C. Interest at the rate of 1.5% per month will be charged on all past due balances.
  - D. In the event it becomes necessary to place the account with an attorney for collection, the undersigned agrees to pay all collection costs including reasonable attorney fees.
  - E. Any suit which arises out of the agreement may be instituted and maintained in court of competent jurisdiction in Orange County, Florida.
  - F. Credit shall be extended and payment is due from apartment complex owner and its management company (agent), jointly and severally.
- I understand the credit terms and agree to be bound thereby in the event that credit is granted. I authorize House of Floors, Inc. to do a complete credit investigation.**

Authorized Agent For Owner: (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent For Owner: (Sign): \_\_\_\_\_

**Orlando**  
526 Florida Central Parkway  
PO BOX 522618  
Longwood, FL 32752-2618  
407-830-6999 888-920-6999  
Fax: 407-830-8657

**Tampa**  
8521 Sunstate Street  
Tampa, FL 33634  
813-249-7600 877-249-7600  
Fax: 813-886-8845

**Jacksonville**  
11210 Phillips Industrial Blvd East  
Suite 8  
Jacksonville, FL 32256  
904-262-6989 888-930-6999  
Fax: 904-262-9062

**Palm Beach / Miami**  
1081 Holland Drive  
Boca Raton, FL 33487  
561-989-0599 888-561-6999  
Fax: 561-989-0299

**Sarasota / Naples**  
PO BOX 669  
Tallevast, F 34270  
941-752-9924 866-203-6999  
Fax: 941-752-2274

# PROPERTY INFORMATION FORM - Page 2



## REFERENCES

Please Complete the Following in full as all requests must be in writing. Your assistance will help expedite your application. All information will be held strictly confidential.

**\*\*Credit References must be vendors that work on-site. Please use any of the following types of vendors as your credit references: Lawn Maintenance, Pest Control, Carpet Cleaners, Painters, Cleaning Services, Countertop Refinishers and Appliance Suppliers.\*\***

Vednor Name: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

## REFERENCES

Vednor Name: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

## REFERENCES

Vednor Name: \_\_\_\_\_

Street / Mailing Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

## SIGNATURE

Authorized Buyer 1 (Print Name): \_\_\_\_\_

Authorized Buyer 2 (Print Name): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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