



COMPANY INFORMATION FORM – NON MULTIFAMILY PROPERTIES – PAGE 1

COMPANY INFORMATION

Company Name: _____

Contact Name: _____

Street/Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Website: _____

FEIN #: _____

ACCOUNTING INFORMATION

Contact: _____

Email Address: _____

Street/Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Amount of Credit Desired within 30 days: _____

Send Invoices to this Location: _____ PO's Required: _____

CREDIT TERMS OF HOUSE OF FLOORS, INC.

- 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 owner.

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 (Signed): _____

Orlando
526 Florida Central Parkway
P.O. 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
P.O. Box 669
Tallevast, FL 34270
(941) 752-9924 (866) 203-6999
Fax (941) 752-2274



Commercial Information Form – Page 2

PRINCIPALS/OWNERS (20% AND OVER)

Name: _____

Title: _____

% Ownership: _____

Name: _____

Title: _____

% Ownership: _____

Name: _____

Title: _____

% Ownership: _____

PERSONAL GUARANTY

PERSONAL GUARANTY – In consideration of House of Floors, Inc. extending credit for value received, (I) (we), by signing below, jointly and severally, in an individual capacity, and not as an agent for the Applicant described hereinabove, hereby personally and unconditionally guaranty the payment of any balance that may become due House of Floors, Inc., including all attorney’s fees and court costs, elaborated in the terms and conditions hereinabove, and hereby incorporate by reference, all of the above terms and conditions. (I) (we), the undersigned, hereby specifically agree that House of Floors, Inc. may initiate a lawsuit against the undersigned in (my) (our) individual capacity, without joining or contemporaneously suing the entity named on the first page hereof described above. This is a continuing guaranty, unless terminated in writing, via certified mail, received at House of Floors, Inc., PO Box 522618, Longwood, FL 32752. It is understood that said termination shall be prospective in effect only, and that this guaranty shall remain in effect with regard to any balances incurred prior to the date of termination. It is also understood that revocation of the guaranty may, in House of Floors, Inc. discretion, result in termination of further credit privileges.

Owner Name (Print): _____ Date: _____

Signature of Owner (Signed): _____

Owner Name (Print): _____ Date: _____

Signature of Owner (Signed): _____

Owner Name (Print): _____ Date: _____

Signature of Owner (Signed): _____

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Commerical Information Form – Page 3

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.

Vendor Name: _____

Street/Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Account Number: _____

Vendor Name: _____

Street/Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Account Number: _____

Vendor Name: _____

Street/Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Account Number: _____

Authorized Buyers: _____

Authorized Buyers 2: _____

Authorized Signature: _____ Date: _____

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