

Flotech

CREDIT APPLICATION

Please Note: Application must be completed in entirety for consideration of extension of credit.

COMPANY INFORMATION

FIRM NAME: _____

DOING BUSINESS AS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

BILLING (if different from above)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT IS: SOLE PROPRIETORSHIP PARTNERSHIP GEN LTD
 CORPORATION OTHER (EXPLAIN) _____

DIVISION, SUBSIDIARY OR BRANCH OF: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS: _____ YR EST: _____

ANNUAL SALES: _____

WEBSITE ADDRESS: _____

PERSONAL INFORMATION

OWNER, PARTNER OR PRINCIPAL OFFICER(S):

NAME: _____ TITLE: _____

SOC SEC NO: _____ HOME PHONE: _____

ADDRESS: _____

NAME: _____ TITLE: _____

SOC SEC NO: _____ HOME PHONE: _____

ADDRESS: _____

TRADE REFERENCES (MINIMUM OF 4 REQUIRED)

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

NAME: _____

PHONE: _____ FAX: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

Flotech

CREDIT APPLICATION

Please Note: Application must be completed in entirety for consideration of extension of credit.

ACCOUNTS PAYABLE INFORMATION

A/P CONTACT NAME: _____ TITLE: _____
A/P PHONE NUMBER: _____
A/P DEPT FAX: _____
E-mail Address: _____

Please include a copy of your most current Tax Exemption/Resale Certificate if applicable.

BANK REFERENCE

NAME: _____ BANK OFFICER: _____
ADDRESS: _____ CITY _____ ST _____ ZIP _____
PHONE: _____ FAX: _____
ACCOUNT NUMBER: _____

I/WE HEREBY AUTHORIZE OUR BANK TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING CREDIT.

SIGNED TITLE DATE

FINANCIAL INFORMATION

FINANCIAL STATEMENT ATTACHED OR WILL BE FORWARDED ON _____
(TO BE HELD IN STRICT CONFIDENCE)

ESTIMATE AMOUNT OF CREDIT REQUESTED: _____

FEIN: _____ SIC CODE: _____

SALES TAX #: _____

- RESALE AS TANGIBLE PERSONAL PROPERTY
 TO BE INCORPORATED AS A MATERIAL OR PART OF OTHER TANGIBLE PERSONAL PROPERTY TO BE PRODUCED FOR SALE BY MANUFACTURING, ASSEMBLING, PROCESSING OR REFINING
 TO BE EXPORTED FOR SALE, USE, OR CONSUMPTION OUTSIDE THE LIMITS OF THE UNITED STATES
 OTHER _____

AGREEMENT

1. If it is necessary for you to take legal action to collect this account, I (we) agree to submit to the jurisdiction of the State of Florida. I (we) further agree that the venue for any suit related to or concerning this account or our business relationship with you shall be Jacksonville, Duval County, Florida. In any such proceedings, I (we) waive the right to a trial by jury. All monies received shall be applied against finance charges, if any, then the oldest balances.
2. It is agreed that any past due balance owed your firm will accrue interest at the rate of 1.5% per month from the date of the invoice and if legal action is brought to collect unpaid invoices, then I (we) will pay, in addition to the principal amount due, prejudgment interest and court costs, an attorney fee in the amount of 25% of the total amount due, or a reasonable fee based upon an hourly rate, whichever is greater.

Flotech

CREDIT APPLICATION

Please Note: Application must be completed in entirety for consideration of extension of credit.

TERMS

1. Net 30 for payments from the date of invoice with credit approval and all balances older than 45 days will be charged 1.5% monthly finance charge. Returned checks subject to a \$35.00 charge and such other charges as are authorized by law.

RETURNS

1. All items returned for credit must have prior authorization and are subject to a 20% restocking charge.
2. Possession of our product list does not convey the right to buy.
3. Any discrepancies in shipment must be reported within 10 days of receipt.
4. Prices are subject to change without notice.

PERSONAL GUARANTEE

IN CONSIDERATION OF THE EXTENSION OF CREDIT BY FLOTECH, INC. TO CUSTOMER, THE UNDERSIGNED, JOINTLY AND SEVERELY, PERSONALLY GUARANTEE THE FULL PAYMENT AND PERFORMANCE BY THE CUSTOMER OF ALL TERMS AND CONDITIONS OF THE FORGOING CREDIT AGREEMENT.

DATE: _____ (INDIVIDUALLY)

PRINT NAME: _____

HOME ADDRESS: _____

SSN: _____

DRIVER'S LICENSE # : _____

DATE: _____ (INDIVIDUALLY)

PRINT NAME: _____

HOME ADDRESS: _____

SSN: _____

DRIVER'S LICENSE #: _____

Please fax, email or mail completed application to:
3330 Evergreen Avenue, Jacksonville, FL 32206
Phone: 904-358-1849 Fax: 904-265-9774
rallen@flotechinc.com