



PUMP & SUPPLY, Inc.

GENERAL INFORMATION

Date: ___/___/___

****Please Print Neatly!***

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____ Cell: (____) ____ - _____ Fax: (____) ____ - _____

Other: (____) ____ - _____ Email: _____

President of the Company: _____ ← ***Please attach a copy of your drivers' license.***

Vice President: _____ Manager: _____

Purchasing Agent: _____ Secretary: _____

Treasurer: _____ Accounts Payable: _____

Type of Business: Corporation Partnership Sole Proprietorship Limited Partnership

Years In Business: _____ Product or Service: _____

Federal Employer ID #: _____ State Sales Tax #: _____

Your purchases will be Taxable or Exempt ? Do you require purchase orders? Yes No

Amount of Credit Requested: \$ _____ Salesman that assisted you: _____

Please circle the branch below that you will be making most of your purchases from:
(Palm Bay) (Cocoa) (Port Orange) (Vero Beach.) (Leesburg) (Orange City) (Lake City) (Intercession City)

TRADE REFERENCES

****Excluding Credit Cards, Mortgages, & Personal References!***

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Account #: _____
Phone(____) ____ - _____ Fax(____) ____ - _____

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Account #: _____
Phone(____) ____ - _____ Fax(____) ____ - _____

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Account #: _____
Phone(____) ____ - _____ Fax(____) ____ - _____

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Account #: _____
Phone(____) ____ - _____ Fax(____) ____ - _____

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Account #: _____
Phone(____) ____ - _____ Fax(____) ____ - _____

Name: _____
Address: _____
City: _____ St: _____ Zip: _____
Account #: _____
Phone(____) ____ - _____ Fax(____) ____ - _____

I understand the information furnished on this application is for the purpose of obtaining credit from your firm. I am authorized, to bind my firm accordingly. All monies due shall be due and payable at your place of business.

Signature: _____
Print Name: _____

Date Signed: _____
Social Security #: _____ - _____ - _____

POLICY

At our discretion, Central Pump & Supply will file Notice to Owner. Purchaser agrees to supply Central Pump & Supply with "Notice of Commencement," purchase orders, job names, job addresses, and a current list of employees permitted to order, pick up and sign for materials. This policy does not reflect upon purchasers credibility but is merely a good business practice.

PERSONAL GUARANTY

In consideration of the extension of credit granted by Central Pump & Supply, Inc. to _____,

I (We) hereby jointly and severally, unconditionally guaranty payment of whatever amount shall at any time be owing to Central Pump & Supply, Inc., on account of goods hereafter delivered; whether said indebtedness be in the form of notes, bills, or open account. This shall be an open and continuing guaranty and continue in force notwithstanding any change in form of such indebtedness or renewals of extensions granted without obtaining any consent thereto. This guaranty shall continue until expressly revoked by written notice by certified mail, return receipt from the undersigned. In addition, the undersigned additionally and jointly and severally unconditionally guaranty payment of any interest due and all costs of collection, including but not limited to, court costs and a reasonable attorney's fee for trial or appeal. Notice of indebtedness and default in payment are hereby waived. It is agreed that all amounts owed will be payable to Central Pump & Supply, Inc. and in the event of default in payment, any suit for collection shall be brought in Brevard County, Florida.

Guarantor Signature

Co-Guarantor Signature (if applies)

Print Name

_____/_____/_____
Date Signed

Print Name

_____/_____/_____
Date Signed

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I have a credit or bank account with your firm and request that a report of my credit history be forwarded to Central Pump & Supply, Inc. Please consider my signature on this letter as authorization to release this information. Thank you for your cooperation.

Bank: _____
Address: _____
City: _____ St: _____ Zip: _____
Contact Name: _____
Phone: (_____) _____ - _____
Fax: (_____) _____ - _____
Checking Acct. #: _____
Checking Acct. #: _____

Bank: _____
Address: _____
City: _____ St: _____ Zip: _____
Contact Name: _____
Phone: (_____) _____ - _____
Fax: (_____) _____ - _____
Checking Acct. #: _____
Checking Acct. #: _____

Signature on Account

Signature of Joint Applicant (If applies)

Print Name

_____/_____/_____
Date Signed

Print Name

_____/_____/_____
Date Signed

Branch Offices

Palm Bay 321-724-1075 Fax 321-727-8307
Cocoa 321-636-1075 Fax 321-633-1075
Port Orange 386-760-7875 Fax 386-760-7483
Vero Beach 772-778-7875 Fax 772-778-5508

Leesburg 352-315-1075 Fax 352-315-1077
Orange City 386-774-0014 Fax 386-774-1883
Lake City 386-466-0177 Fax 386-466-0107
Intercession City 407-483-1075 Fax 407-483-1073