



300 Central Park Dr.
Sanford, FL 32771
407-995-9095

OFFICE USE ONLY

FIS PHONE # _____ COUNTY _____
FIS FAX # _____ SALESMAN # _____
BRANCH _____ PC _____ DATE _____
FAX BACK TO: 407-995-9793

CREDIT APPLICATION

Legal Company Name _____

Trade Style (d/b/a) _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Previous Address (If less than 1 year) _____

Phone _____ Fax _____ Cell _____ E-Mail Address _____

Web site address _____

Years in Business _____ Type of Business _____ Amount of Credit Desired \$ _____

Ownership (Check One): Proprietorship Partnership Corporation

Corporate Officers, General Partners or Owners:

NAME

TITLE

Date of Incorporation or Qualification to do Business: _____

Federal Tax I.D. Number: _____ State Driver's License _____

SIGNER OF CHECK

SOCIAL SECURITY NUMBER (IMPERATIVE - Used for CBI Report): _____

DOES BUSINESS QUALIFY FOR SALES TAX EXEMPTION YES NO If YES, please include exemption certificate with this application

Does your firm issue purchase orders? Yes No Prefer invoices: mailed emailed faxed
Prefer statement: mailed emailed faxed

TRADE REFERENCES: (Suppliers, etc.)

NAME

ADDRESS

PHONE

BANK REFERENCE (Checking Acct., Loans, Mortgages)

NAME

ADDRESS

PHONE

TERMS

Our terms are 2% 10th Net 15th. 2% discount not allowed if paying by credit card. It is further agreed that all past due amounts are subject to a 11/2 % per month service charge plus all cost of collection including attorney's fees. Returned material will be subject to a Restocking Charge unless the return is a result of an error by FIS, Inc. This fee may vary depending on manufacturers charges. Applicant agrees to notify FIS, Inc. in writing within 10 days of receipt of invoices or monthly statement of any discrepancy in billing or receiving of merchandise. To the extent permitted by law, I hereby waive any protection or exemption from garnishment to which I may be entitled.

In the absence of timely written notification, it will thereafter be conclusively presumed that the invoices and statements are correct in all particulars and that purchaser received the assets described upon each of said invoices.

POLICY

At our discretion FIS, Inc. will file Notice To Owner. Applicant agrees to supply FIS, Inc. with "Notice of Commencement", purchase orders, job names, job addresses, and a current list of employees permitted to order, pick up and sign for merchandise. This policy does not reflect on anyone's credibility but is merely a good business practice.

Applicant accepts the above terms and policy and jurisdiction and venue in Orange, Seminole, or any other county with in or with out the State of Florida chosen by FIS, Inc. in the exercise of it's absolute discretion.

DATED THIS _____ DAY OF _____, 20__

Customer Signature

PERSONAL GUARANTEE

I, _____, IN CONSIDERATION FOR **FIS, INC.**,
(Print Name)

EXTENDING CREDIT TO THE ABOVE DESCRIBED APPLICANT, DO HEREBY PRESENTLY AND UNCONDITIONALLY GUARANTEE THE PAYMENT OF ANY SUM THAT MAY BECOME DUE TO **FIS, INC.** FROM PURCHASER, TOGETHER WITH THE COST AND EXPENSES INCURRED BY **FIS, INC.** IN THE COLLECTION THEREOF INCLUDING A REASONABLE ATTORNEY'S FEE; AND THE UNDERSIGNED HEREBY SPECIFICALLY STATES THAT **FIS, INC.** MAY INITIATE A SUIT AGAINST THE UNDERSIGNED WITHOUT JOINING OR CONTEMPORANEOUSLY SUING THE APPLICANT DESCRIBED ABOVE. GUARANTOR(S) CONSENTS TO JURISDICTION AND VENUE IN ORANGE, SEMINOLE OR ANY OTHER COUNTY WITH IN OR WITH OUT THE STATE OF FLORIDA CHOSEN BY **FIS, INC.** IN THE EXERCISE OF IT'S ABSOLUTE DISCRETION. TO THE EXTENT PERMITTED BY LAW, I HEREBY WAIVE ANY PROTECTION OR EXEMPTION FROM GARNISHMENT TO WHICH I MAY BE ENTITLED.

DATE: _____

WITNESS:

GUARANTOR(S) SIGNATURES



300 Central Park Dr.
Sanford, FL 32771
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FIS BRANCH _____

PHONE _____

FAX _____

CREDIT INQUIRY

Re: Name _____ Date _____
Address _____
Telephone _____

has requested an open account with our company, and has submitted the name of your company as a credit reference. Your experience and any other information that you might give us regarding this account will be appreciated, and will, of course, be held in strictest confidence. A self-addressed stamped envelope is enclosed for your reply, or please fax back to 407-995-9793.

Thanking you in advance, we are,

Very truly yours,

FIS, INC.

I hereby authorize the release of credit information for the purpose of establishing an open account with FIS, Inc.

Company _____

By _____

CUSTOMER PLEASE SIGN

OFFICE USE ONLY

TRADE REFERENCE:

Date Acct. Opened _____
Highest Credit _____
Amount Owing _____
Amount Past Due _____
Terms of Sale _____
Last Date of Sale _____
Remarks _____

Manner of Payment _____
Discounts _____
Prompt _____
Days Slow _____

BANK REFERENCE:

Date Acct. Opened _____
Average Balance _____
Loan Experience _____
Payment Trend _____
Remarks _____

Account # _____
Any returned checks: Yes No