



Florida Irrigation Supply, Inc.
 dba FIS Outdoor
 300 Central Park Dr.
 Sanford, FL 32771
 Ph: 407-995-9095
FAX BACK TO: 407-995-9793

OFFICE USE ONLY

FIS PHONE _____ COUNTY _____
 FIS FAX _____ SALES # _____
 BRANCH _____ PC _____ Date _____
 CPT _____

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 _____
 EMAIL _____
 ACCOUNTS PAYABLE EMAIL _____ ACCOUNTS PAYABLE FAX _____
 MANAGEMENT COMPANY (IF APPLICABLE) _____
 YEARS IN BUSINESS _____ TYPE OF BUSINESS _____ CREDIT DESIRED \$ _____

CORPORATE OFFICERS, GENERAL PARTNERS OR OWNERS

OWNERSHIP (CHECK ONE): PROPRIETORSHIP PARTNERSHIP CORPORATION

NAME	TITLE
_____	_____
_____	_____
_____	_____

DATE OF INCORPORATION OR QUALIFICATION TO DO BUSINESS: _____
 FEDERAL TAX I.D. NUMBER: _____ CHECK SIGNER DRIVER'S LICENSE # _____
 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: EMAILED **or** FAXED PREFER STATEMENT: EMAILED **or** FAXED

REFERENCES

TRADE REFERENCES: (SUPPLIERS, ETC.)

NAME	ADDRESS	PHONE	EMAIL/FAX
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK REFERENCE (CHECKING ACCT, LOANS, MORTGAGES)

NAME	ADDRESS	PHONE	ACCOUNT NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

TERMS

Our terms are Net 15th. 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 Florida Irrigation Supply, Inc. This fee may vary depending on manufacturer's charges. Applicant agrees to notify Florida Irrigation Supply, 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 Florida Irrigation Supply, Inc. will file Notice To Owner. Applicant agrees to supply Florida Irrigation Supply, 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 without the State of Florida chosen by Florida Irrigation Supply, Inc. in the exercise of its absolute discretion.

DATED THIS _____ DAY OF _____, 20_____

CUSTOMER SIGNATURE

PERSONAL GUARANTEE

I, _____ IN CONSIDERATION FOR FLORIDA IRRIGATION SUPPLY, INC. EXTENDING CREDIT TO THE ABOVE DESCRIBED APPLICANT, DO HEREBY PRESENTLY AND UNCONDITIONALLY GUARANTEE THE PAYMENT OF ANY SUM THAT MAY BECOME DUE TO FLORIDA IRRIGATION SUPPLY, INC. FROM PURCHASER, TOGETHER WITH THE COST AND EXPENSES INCURRED BY FLORIDA IRRIGATION SUPPLY, INC. IN THE COLLECTION THEREOF INCLUDING A REASONABLE ATTORNEY'S FEE; AND THE UNDERSIGNED HEREBY SPECIFICALLY STATES THAT FLORIDA IRRIGATION SUPPLY, 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 FLORIDA IRRIGATION SUPPLY, 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



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OFFICE USE ONLY

ORDER PENDING _____

FAXED _____

2ND REQUEST _____

FAX BACK TO: 407-995-9793

CREDIT INQUIRY

Name _____ Date _____

Address _____

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.

CREDIT RELEASE

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

Company _____

By _____

CUSTOMER PLEASE SIGN

OFFICE USE ONLY

TRADE REFERENCE:

Date Acct. Opened _____

Highest Credit _____

Amount Owning _____

Amount Past Due _____

Terms of Sale _____

Last Date of Sale _____

Remarks _____

Manner of Payment _____

Discounts _____

Prompt _____

Days Slow _____

Any returned checks: Yes No

BANK REFERENCE:

Date Acct. Opened _____

Average Balance _____

Loan Experience _____

Payment Trend _____

Remarks _____

Account # _____

Any returned checks: Yes No

New Customer Appreciation

\$50 OFF your first \$500 order



LEGAL COMPANY NAME _____

TRADE STYLE (D/B/A) _____

PHONE _____ CELL _____ EMAIL _____

* One use per customer Code# 19009-KWM.FIS.NEWACC Limited time only

Complete the questionnaire below and receive a credit for \$50 towards your first \$500 purchase!

Items Frequently Purchased

Irrigation ("X" each that apply)

<input type="checkbox"/>	Hunter
<input type="checkbox"/>	Rainbird
<input type="checkbox"/>	Toro
<input type="checkbox"/>	Other (Please supply name)
<input type="checkbox"/>	Interested in irrigation training
Email address for person to contact:	

Lighting ("X" each that apply)

<input type="checkbox"/>	Alliance
<input type="checkbox"/>	FX Luminaire
<input type="checkbox"/>	Unique
<input type="checkbox"/>	Other (Please supply name)
<input type="checkbox"/>	Interested in lighting training
Email address for person to contact:	

Landscape ("X" each that apply)

<input type="checkbox"/>	Mulch
<input type="checkbox"/>	Pine Straw
<input type="checkbox"/>	Tree Staking
Email address for person to contact:	

<input type="checkbox"/>	Chemicals
<input type="checkbox"/>	Fertilizer
<input type="checkbox"/>	Seed
Email address for person to contact:	

Email addresses supplied above are for FIS promotional use only and will not be shared with any third party.