



801 West Bay Street  
 Jacksonville, FL 32204  
 Toll Free Phone: (888) 704-7280  
 Toll Free Fax: (800) 333-3600

**CREDIT APPLICATION  
 PURCHASE AGREEMENT**

Sales Representative: \_\_\_\_\_  
 Sales Rep ID: \_\_\_\_\_

Revised 8.14

**APPLICANT:**

Name: \_\_\_\_\_  
 Sole Proprietorship     Limited Partnership     Partnership     Corporation     State of Organization: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Principal Name And Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Purchasing Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 AP Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Email Address For Invoice Delivery: \_\_\_\_\_  
 Are You Sales Tax Exempt? (An Exemption Certificate Must Be Attached):     Yes     No  
 Do You Accept Back Orders?:     Yes     No        Do You Require P.O. Numbers?:     Yes     No

**BUSINESS TYPE:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Property Management – Apartments           | <input type="checkbox"/> Manufacturing                                     | <input type="checkbox"/> Lodging/Accommodations                 | <input type="checkbox"/> Education – Colleges, Universities, and Technical Schools |
| <input type="checkbox"/> Property Management – Commercial Buildings | <input type="checkbox"/> High Traffic – Sports and Recreational Facilities | <input type="checkbox"/> Healthcare – Hospitals                 | <input type="checkbox"/> Government – Government Offices                           |
| <input type="checkbox"/> Property Management – Other                | <input type="checkbox"/> High Traffic – Fitness Facilities                 | <input type="checkbox"/> Healthcare – Assisted Living           | <input type="checkbox"/> Government – Correctional Facilities                      |
| <input type="checkbox"/> Building Service Contractors               | <input type="checkbox"/> High Traffic – Religious Facilities               | <input type="checkbox"/> Healthcare – Nursing Homes             | <input type="checkbox"/> Government – Military Bases                               |
| <input type="checkbox"/> Contractors – Other                        | <input type="checkbox"/> High Traffic – Religious Facilities               | <input type="checkbox"/> Healthcare – Out- Patient Care Centers | <input type="checkbox"/> Government – Other  |
| <input type="checkbox"/> Wholesale                                  | <input type="checkbox"/> High Traffic – Mall Property Operations           | <input type="checkbox"/> Healthcare – Veterinary Care           | <input type="checkbox"/> Food Service  |
| <input type="checkbox"/> Retail                                     | <input type="checkbox"/> High Traffic – Transportation Terminals           | <input type="checkbox"/> Education – Pre K- 12                  | <input type="checkbox"/> Other   |

**DELIVERY SITE:**

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Delivery Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Square Footage: \_\_\_\_\_ Estimated Monthly Purchases: \_\_\_\_\_ Requested Credit Line Amount: \_\_\_\_\_

**TRADE/BANK REFERENCES** (we accept suppliers' trade references only):

Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Address/Branch: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Account#: \_\_\_\_\_     Checking     Savings     Loan

PURCHASER ACKNOWLEDGES THAT APPLICANT HAS READ AND ACCEPTED THE TERMS AND CONDITIONS OF SALE AND CREDIT POLICIES AS SET FORTH ON SELLER'S WEBSITE OR CATALOGUE. Purchaser certifies that it is solvent and capable of meeting its obligations hereunder and that all information provided to seller will be used solely for the granting of credit. Purchaser and each Guarantor authorize SupplyWorks and/or its affiliates ["Seller"] to request credit reports from credit bureaus (including consumer reporting agencies) regarding their respective commercial or personal credit and otherwise to investigate their respective creditworthiness and banking history before extending credit now or at any time in the future. Seller may terminate any credit availability within its sole discretion. This form must be signed by the Purchaser's Authorized Agent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_

**GUARANTEE**

The undersigned, jointly and severally, if more than one, hereby guarantee the full and prompt payment, without offset, of all existing and future indebtedness of Purchaser to Seller, including any costs, expenses, and reasonable attorneys' fees payable as a consequence of Seller's collection efforts. This personal guarantee is absolute, complete, irrevocable and continuing. Notice of acceptance of this guarantee, extension of credit, modification in terms of payment, and any right or demand to proceed against the principal debtor is hereby waived. This guarantee may only be revoked by written notice which shall be sent to the creditor's credit office by certified mail. Any revocation does not revoke the obligation of the guarantor(s) to provide payment for indebtedness incurred prior to the revocation.

Guarantor agrees to provide financial information as reasonably requested by Seller.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY:**

- SupplyWorks     SupplyWorks - CS     SupplyWorks - TY     SupplyWorks - SX