



# MELROSE Supply & Sales Corporation

CUSTOMER NO: \_\_\_\_\_

## CREDIT APPLICATION

**Corporate Office:**

271 E. Oakland Park Blvd  
 Fort Lauderdale, FL 33334  
 Phone (954) 563-1303  
 Fax (954) 561-8732

3670 Fiscal Court  
 Riviera Beach, FL 33404  
 Phone (561) 881-0207  
 Fax (561) 881-7370

3540 Boutwell Road  
 Lake Worth, FL 33461  
 Phone (561) 588-0423  
 Fax (561) 588-9292

7011 Alico Road  
 Fort Myers, FL 33912  
 Phone (941) 454-9782  
 Fax (941) 454-9788

**PLEASE PRINT****BILL TO:****SHIP TO:**

EXACT NAME: \_\_\_\_\_  
 DIVISION \_\_\_\_\_  
 OR SUBSIDIARY: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP  
 PHONE NO: \_\_\_\_\_  
 FAX NO: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_

ATTN: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 CITY STATE ZIP  
 PHONE NO: \_\_\_\_\_  
 FAX NO: \_\_\_\_\_

**GENERAL BUSINESS INFORMATION**

TYPE OF BUSINESS: \_\_\_\_\_  
 CREDIT LIMIT REQUESTED: \_\_\_\_\_ FEDERAL ID: \_\_\_\_\_  
 Individual  Partnership  Corporation Years in Business \_\_\_\_\_ Years of Inc. \_\_\_\_\_ State of Inc. \_\_\_\_\_  
 OFFICER'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ Are you Sales and/or Use Tax Exempt?  
 OFFICER'S NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  YES – please provide certificate no. below  
 OFFICER'S DRIVERS LICENSE NO: \_\_\_\_\_  NO  
 CERTIFICATE NO: \_\_\_\_\_  
 ACCOUNTS PAYABLE CONTACT NAME: \_\_\_\_\_ **COPY OF CERTIFICATE MUST ACCOMPANY APPLICATION**  
 ACCOUNTS PAYABLE EMAIL: \_\_\_\_\_

**BANK REFERENCE**

BANK NAME: \_\_\_\_\_ BANK CONTACT PERSON: \_\_\_\_\_  
 \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
 CITY STATE ZIP FAX NO: \_\_\_\_\_  
 CHECKING ACCT. NO: \_\_\_\_\_  
 OTHER: \_\_\_\_\_

**TRADE CREDIT REFERENCES – LIST MINIMUM OF THREE**

- |    |       |           |         |       |
|----|-------|-----------|---------|-------|
| 1. | _____ | _____     | _____   | _____ |
|    | NAME  | PHONE NO. | FAX NO. | EMAIL |
| 2. | _____ | _____     | _____   | _____ |
|    | NAME  | PHONE NO. | FAX NO. | EMAIL |
| 3. | _____ | _____     | _____   | _____ |
|    | NAME  | PHONE NO. | FAX NO. | EMAIL |

We certify that all the information on this form is correct; and that we fully understand your credit terms and agree to the proper payment in consideration of extended credit. Terms: Payment due by the 10<sup>th</sup> of the following month, C.O.D. THEREAFTER. A SERVICE CHARGE ON DELINQUENT ACCOUNT IS 1.5% per month (18% per annum), WILL BE CHARGED ON DELINQUENT ACCOUNTS. Reasonable collection fees will be charged if account must be turned over for collection or suit. Customer agrees to pay all costs of collection reasonable attorney's fees. Should suit become necessary, venue will be in Broward County, Florida. This application authorizes MELROSE SUPPLY & SALES to contact applicant's bank references for complete credit disclosure.

SIGNED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNED BY: \_\_\_\_\_  
 Officer and/or Principal Individually  
 PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ PRINTED NAME: \_\_\_\_\_

You will receive an acknowledgement letter notifying you that a charge account has been approved; your account number and the terms and conditions you are agreeing to. **PLEASE SIGN AND FAX BACK** your acceptance of the terms and conditions to which we are extending you credit. Until we receive the signed acknowledgement we can not set up your account. **THE ORIGINAL NEEDS TO BE SENT BY MAIL TO OUR COPORATE OFFICE.**

## Personal Guaranty

Whereas, \_\_\_\_\_  
(name of corporation or name of individual if not a corporation) is or may become indebted to Melrose Supply & Sales Corporation(Creditor);

NOW THEREFORE, for valuable consideration, the receipt and adequacy of which are hereby acknowledged, the undersigned Guarantor hereby absolutely and unconditionally guarantees to Creditor the prompt payment at maturity and all times thereafter of the Debt.

Guarantor requests that he, she or it is the owner of a direct or indirect interest in Customer and that Grantor will receive a direct and material benefit from the proceeds of any of the Debt.

In the event of default by Principal in payment of the Debt or any part thereof when such indebtedness becomes due, either by its terms or as the result of the exercise of any power to accelerate, Guarantor shall, on demand and without further notice of dishonor, without any notice having been given to Guarantor previous to such demand of the creating or incurring of such indebtedness, pay the amount due thereon to Creditor and shall not be necessary for Creditor, in order to enforce such payment by Guarantor, first to institute suit and exhaust its remedies against Customer or others liable on such indebtedness.

This guaranty is executed and delivered as an incident to a credit transaction wherein, in the event of non-payment, the Customer's account may be assigned for collection and shall be construed according to the laws of the State of Florida. Guarantor acknowledges that, should suit be instituted, jurisdiction of the person and subject matter, as well as venue, shall properly be in Broward County, Florida. This is not a contract of suretyship. In the event any legal proceedings are instituted on behalf of Creditor against Customer or Guarantor to collect any amount due and owing, then the undersigned Guarantor expressly agrees to be personally responsible for any and all costs incurred in collecting such amounts including, but not limited to, reasonable attorney's fees and court costs incurred at both the trial and appellate levels.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Guarantor's Name: \_\_\_\_\_

(Please Print)

Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_

Driver Lic. No: \_\_\_\_\_ State: \_\_\_\_\_



**ACKNOWLEDGMENT OF TERMS AND CONDITIONS FOR CHARGE ACCOUNT**

A charge account is a convenient method of purchasing and paying for merchandise, and is a privilege granted to a customer with the understanding that you will comply with the terms set forth by the company granting the privilege.

Our terms are as follows:

- 1. A copy of your driver’s license and your social security number must be provided.
- 2. A copy of the invoice is included with your purchase at the time of purchase.
- 3. All invoice copies will be mailed to you with your statement at the end of each month.
- 4. A receipt or invoice number must accompany all returns before any credit will be issued.
- 5. All accounts are **DUE AND PAYABLE BY THE 10<sup>TH</sup> OF THE MONTH FOLLOWING EACH MONTHLY PURCHASE.**
- 6. Any account, which has not been paid by the 30<sup>th</sup> of the month, will be put on a C.O.D. basis, the outstanding balance due immediately.
- 7. Any account which is put on C.O.D. basis, and the balance is not paid within 15 days will be put on **CREDIT HOLD** and you now run the risk of being turned over to our collection attorney.
- 8. Any account which is put on credit hold, and the balance is not paid within 10 days will be turned over for collection or suit. As stated in our credit application you agree to pay all costs of collection and reasonable attorney’s fees. Should suit become necessary, venue will be in Broward County, Florida.
- 9. A service charge currently 1.5% (18% per annum) will be charged on delinquent accounts past 60 days. All service charges are to be paid in full, with no exceptions, in order for your account to be reinstated for charge privileges.
- 10. Accounts are required to show a minimum yearly purchase of \$1,200.00 or more. If yearly purchases are less than this amount or there is no purchases made on the account for more than 12 months, your account will be closed down.
- 11. If you have any problems with an invoice, please notify us immediately so that we can resolve it as quickly as possible.

We appreciate your business and are ready and eager to serve you in every way. We look forward to this being the beginning of a pleasant and profitable relationship for both of us. We must receive the original signed acceptance of our terms and conditions and Credit Application at our Fort Lauderdale address in order to process your request. You will be notified by phone when your account is approved and given your account number.

TERMS & CONDITIONS ACCEPTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Officer and/or Principal  
Please Print Name: \_\_\_\_\_

TERMS & CONDITIONS ACCEPTED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Individual  
Please Print Name: \_\_\_\_\_

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