

### Broedell Plumbing Supply, Inc. Credit Application

(Confidential)

Return Application To Your Local Supply House:

10994 Metro Parkway	1601 Commerce Lane	362 Commerce Way	8351 State Rd 54
Fort Myers, FL, 33966	Jupiter, FL 33458	Longwood, FL 32750	New Port Richey, FL 34655
(239) 274-7888	(561) 743-6663	(407) 830-6767	(727) 569-2002
(239) 274-7887 (fax)	(561) 743-4644 (fax)	(407) 830-5567 (fax)	(727) 569-0488 (fax)

1. Legal Name of Firm \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. Form of Business: ( ) Individual ( ) Partnership ( ) Corporation, State of \_\_\_\_\_

4. Length of Time in Business \_\_\_\_\_ Nature of Business \_\_\_\_\_

5. Do you pay Sales Tax: Yes \_\_\_\_\_ No \_\_\_\_\_

**Sales Tax will be charged until receipt of an original signed Exemption Certificate.**

6. Amount of credit needed monthly \$ \_\_\_\_\_ Annual Sales \_\_\_\_\_

7. Driver's License No. \_\_\_\_\_ No. of Employees \_\_\_\_\_

8. Give names of partner, Corporate Officers and/or Stockholders:

Name \_\_\_\_\_ Title \_\_\_\_\_ Home Address \_\_\_\_\_

a. \_\_\_\_\_

b. \_\_\_\_\_

Social Security No. \_\_\_\_\_ Marital Status \_\_\_\_\_ Home Phone \_\_\_\_\_

a. \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ ( ) \_\_\_\_\_

b. \_\_\_\_\_ Married: Yes \_\_\_\_\_ No \_\_\_\_\_ ( ) \_\_\_\_\_

9. Bank References: \_\_\_\_\_ Address \_\_\_\_\_ Account No. and Officer \_\_\_\_\_

Name \_\_\_\_\_

10. Are you past due on any accounts at this time? \_\_\_\_\_ If yes, name supplier \_\_\_\_\_

11. Trade references (at least one must be another plumbing supplier): \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax # \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

12. Do you require purchase orders? Yes \_\_\_\_\_ No \_\_\_\_\_ Job name required? Yes \_\_\_\_\_ No \_\_\_\_\_

13. Were any of the principals in business before? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, give name of business and reason for discontinuing: \_\_\_\_\_

14. Have any principals listed in line #1 or #8 ever been judged bankrupt or insolvent? \_\_\_\_\_

The facts set forth above in my application for credit are true and complete. You are hereby authorized to make an investigation of my personal history and financial and credit records through any investigative or credit agencies or bureaus of your choice.

We also understand and agree to abide by Broedell Plumbing Supply, Inc.'s payment policy as stated herein:

Broedell Plumbing Supply, Inc.'s monthly cut-off is the 25th of the month, unless the 25 falls on a Sunday or legal holiday, in which case the cut-off will be the last business day prior to the 25th. A statement of account will be mailed after the 25th of each month to the "mailing address" indicated. The entire amount of each invoice appearing on the monthly statement is due and payable by the 10th of the month following the statement (cut-off) date. **ALL ACCOUNTS NOT PAID IN FULL BY THE 20TH WILL BE PLACED ON CREDIT HOLD UNTIL PAID IN FULL.** On all outstanding balances after the 20th of the month following our cut-off, a 1 1/2% service charge per month (18% per annum) may be charged.

Credit Applications, Procedures, and Forms

Revised Date 3/22/18

We agree to immediately notify Broedell Plumbing Supply, Inc. at 1601 Commerce Ln, #100, Jupiter, FL 33458 in writing of any changes in ownership or form of said business. This instrument shall remain in force and effect until actual notice of revocation is received by Broedell Plumbing Supply, Inc. at the above address.

We understand and agree to pay Broedell Plumbing Supply, Inc.'s cost and expenses of collection, including attorneys fee, if account is not paid in accordance with agreement, and hereby waive our privilege of being sued in the county of our residence and agree that suit may be brought in Palm Beach County, FL.

X \_\_\_\_\_ Individually and as Agent for Applicant Title \_\_\_\_\_

Witness \_\_\_\_\_ X \_\_\_\_\_ Print the Above Signature

X \_\_\_\_\_ Individually and as Agent for Applicant Title \_\_\_\_\_

X \_\_\_\_\_ Print the Above Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

My commission expires: \_\_\_\_\_ Notary Public State of Florida at Large \_\_\_\_\_

PERSONAL GUARANTY: In consideration of the extension of credit granted by Broedell Plumbing Supply, Inc. to:

Legal Name of Firm \_\_\_\_\_  
I (we) hereby jointly and severally unconditionally guaranty payment of whatever amount shall at any time be owing to Broedell Plumbing Supply, Inc. on account of goods hereafter supplied, whether said indebtedness be in the form of notes, bills or open account. This shall be an open and continuing guaranty and shall continue in force not withstanding any change in the form of such indebtedness, or renewals of extensions granted, without obtaining any consent thereto, and until expressly revoked by written notice from the undersigned as to any indebtedness contracted prior to such revocation. The undersigned additionally jointly and severally unconditionally guaranty payment of any interest due and all costs of collection including, but not limited to, court costs and reasonable attorney fees. Notice of indebtedness and of default in payment are hereby waived.

The undersigned hereby to waive the homestead exemption, notice of acceptance hereof, notice of presentment, demand, non-payment, dishonor and protest, and consents to and waives notice of any modification, amendment or extension of the terms of the credit agreement hereby guaranteed.

It is agreed that all invoices rendered to the undersigned will be payable to Broedell Plumbing Supply, Inc. at 1601 Commerce Ln, #100, Jupiter, FL 33458 and that in the event of default in payment, any suit for collection shall be brought in Palm Beach County, FL.

X \_\_\_\_\_ X \_\_\_\_\_ Individually and as Agent for Applicant Individually and as Agent for Applicant

Witness \_\_\_\_\_ X \_\_\_\_\_ Print the Above Signature Print the Above Signature

X \_\_\_\_\_ X \_\_\_\_\_ Spouse Spouse

Witness \_\_\_\_\_ X \_\_\_\_\_ Print the Above Signature Print the Above Signature

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
My commission expires: \_\_\_\_\_ Notary Public State of Florida at Large \_\_\_\_\_

FOR OFFICE USE ONLY

Manager Approval \_\_\_\_\_ Corporate Approval \_\_\_\_\_  
House Account Yes \_\_\_\_\_ No \_\_\_\_\_ Credit Limit \_\_\_\_\_  
Salesman's Number \_\_\_\_\_ Account Number \_\_\_\_\_  
Date Submitted \_\_\_\_\_ Date Approved \_\_\_\_\_  
Manager Comments: \_\_\_\_\_