

Account Application

This application must be completed in full and signed by a principal officer or owner of your company. Please indicate the payment terms you are requesting.

COD Open Account Credit Card

Type of Account: Commercial Service Residential Wholesale



Company Information

Name of Company _____ Phone () _____
Billing Address _____ City _____ State _____ Zip _____
Shipping Address _____ City _____ State _____ Zip _____
Business Phone () _____ Fax () _____
Accounts Payable Manager _____ Phone () _____ Ext. _____
E-mail address _____ Type of Business _____
Are Purchase Order Numbers Required? Yes No Tax Exempt: No Yes (Please provide copy of Certificate)

Business History:

Sole Proprietorship Partnership LLC Corporation Division* Subsidiary* Franchise*
* Division/Subsidiary/Franchise of: _____ Phone () _____
Date Business Established _____ Federal ID # _____ Social Security # _____

Principal Owner or Stockholder:

Name _____ Title _____ % Owned _____
Residence Address _____ Home Phone () _____
Name _____ Title _____ % Owned _____
Residence Address _____ Home Phone () _____

Trade References

1) Name _____ Phone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____ Account # _____
2) Name _____ Phone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____ Account # _____
3) Name _____ Phone () _____ Fax () _____
Address _____ City _____ State _____ Zip _____ Account # _____

Bank Reference

Name of Bank _____ Phone () _____
Branch Address _____ City _____ Account # _____

Are you currently, or have you ever filed for Bankruptcy protection? Yes No (If yes, is the Bankruptcy Discharged? _____)
Are there any outstanding liens, taxes, judgments, or lawsuits pending? Yes No

Terms of Sale

I/we authorize J.B. Mathews Company to investigate the bank/trade references listed for the purpose of obtaining an account. I hereby declare that all statements in this application are true. A service charge of 1% per month shall be paid on all past due accounts. All payments are due on the due date shown on the invoice. **Past due accounts will be placed on credit hold until all past due invoices are resolved.** In the event of suit to enforce payment of any obligations, the undersigned agrees to a continuing personal guarantee, and will pay all legal fees as the court may judge reasonable. In consideration of the granting credit, the undersigned hereby waives pleading of the statute of limitations as a defense to any obligation owed to J.B. Mathews Company. The applicant hereby waives any and all privileges and rights which they may have under Chapter 47, Florida Statutes, relating to venue, as it now exists or may hereafter be amended, and further, the applicant agrees that any legal action brought for collections of past due accounts may be brought in the appropriate court in Orange County, Florida. By my signature below I authorize J.B. Mathews Company to obtain a Consumers Credit Report and/or a Background Report on the owner listed above.

Resale Certificate: I hold limited sales tax permit no. _____ for the state of _____. I understand that it is a misdemeanor to give to the seller a resale certificate for taxable items which I know, at the time of purchase, are purchased for use other than for purpose of resale, lease or rental and that upon conviction I may be fined not more than \$500 per offense.

Signature _____
Title _____
Date _____

Internal Use Only - Process Immediately

Sales Approval: _____ Department: _____
Credit Approval: _____ Date: _____
Terms: _____ Credit Limit: _____

RETURN TO: J.B. Mathews 11590 Davis Creek Court - Jacksonville, FL 32256 - Phone 1-904-260-3020 - Fax: 904-260-3019