# **SOUTHERN SHEET METAL**

# Fabrication & Roofing Materials www.southernsheetmetalfl.com

200 NE 32nd Street, Oakland Park, FL 33334 (954) 566-9590 fax (954) 566-7149



1381 Neptune Drive, Boynton Beach, FL 33426 (561) 737-2368 fax (561) 738-9454

### **CREDIT APPLICATION**

<b>Company Information</b>	
Company Name:	
Year Established:	Fed. ID#:
Type of Business:	Primary Business:
Type of Business:(Corporation, LLC, Partnership, Sole Proprietorship, Etc.)	(Roofing Contractor, General Contractor, Distributer, Etc.)
Billing Information	
	AP Contact:
Address:	Phone:
	Fax:
	Email:
	Preferred billing method:
	(mail, fax, email)  Tax Exempt (Yes or No):
	Please provide Florida Annual Resale Certificate for Sales Tax
Principles (Owners and Officers)	
name/title/phone/email	
name/title/phone/email	
name/title/phone/email	



Purchasing Inform	nation_		
PO Required (Yes	or No):	Job Name Required (Yes or No	):
Purchasing Agents	<b>s</b> (Other than Princi	pals):	
name/title/phone/email			
name/title/phone/email			
name/title/phone/email			
Credit References			
Company:		Contact:	
		Email:	
Company:		Contact:	
		Email:	
Company:		Contact:	
Phone:	Fax:	Email:	

# **Bank Reference**

See attached BANK AUTHORIZATION FORM form



#### **Credit Terms**

- 1.) Payment for all purchases are due on the 10th of the month following the purchase.
- 2.) Past due accounts are subject to a service charge of 1.5% per month.
- 3.) If there is a change in ownership or the form of business, Southern Sheet Metal is to be be notified immediately.
- 4.) Southern Sheet Metal may at any time, without notice, suspend or terminate the customer's privilege to purchase goods and services on credit.

This agreement to the credit terms shall remain in effect until account is paid in full and notice of revocation is received in writing by Southern Sheet Metal.

#### **Guarantee**

We agree jointly and individually to pay for all goods and services supplied to the us as individuals or to the above named business. In the event it becomes necessary to place the account with an attorney or a collection agency, we agree to pay all costs of collection including reasonable attorney's fees. We waive our privilege of being sued in our county of residence and agree the suit may be brought in Broward County, Florida.

Name:	Title:	
Signature:	Date:	

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### **BANK AUTHORIZATION**

<b>Bank Reference</b>			
Company Name:			
Bank:		Contact:	
Phone:	Fax:	Email:	
Account Name:		Account #:	
I authorize the relea	ase of the followin	g bank information to Southern Sheet Me	tal.
Name:		Title:	
Signature:		Date:	

To be completed by bank representative