



3275 S.W. 42nd St. Ft. LAUDERDALE, FL 33312
954.327.3465 800.330.4659 WWW.GPROULX.COM

CREDIT AGREEMENT APPLICATION

NAME OF FIRM: _____ FED I.D.# _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____

FAX: _____ EMAIL: _____

CREDIT REQUIRED \$ _____ YEARS IN BUSINESS: _____

BUSINESS ENTITY: CORPORATION () PARTNERSHIP () PROPRIETORSHIP ()
STATUS: OWNER/BUILDER () GENERAL CONT () SUB CONT () OTHER () _____

WE REQUEST INVOICES AND STATEMENTS TO BE (please provide email/fax in the space below):
() FAXED _____ () E-MAILED _____

PRINCIPALS:

NAME: _____ S.S.# _____ PHONE: _____
ADDRESS: _____

NAME: _____ S.S.# _____ PHONE: _____
ADDRESS: _____

BANK REFERENCE:

NAME: _____ ACCOUNT# _____
ADDRESS: _____

TRADE REFERENCES (please include fax number or email address or include references letter attached):

1) _____ PHONE _____ FAX/EMAIL _____
CONTACT PERSON: _____ ACCT # _____
2) _____ PHONE _____ FAX/EMAIL _____
CONTACT PERSON: _____ ACCT # _____
3) _____ PHONE _____ FAX/EMAIL _____
CONTACT PERSON: _____ ACCT # _____

DO YOU REQUIRE A PURCHASE ORDER: NO () YES () ALPHA () NUMERIC ()

AUTHORIZED PURCHASERS: IF THERE ARE ANY CHANGES IN AUTHORIZED PURCHASERS, IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH THOSE CHANGES IN WRITING.

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

APPROVED _____ **DISAPPROVED** _____



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TERMS AND CONDITIONS OF CREDIT

PAYMENT:

THE PERSON APPROVED FOR CREDIT SHALL PAY EACH INVOICE NO LATER THAN THIRTY DAYS SUBSEQUENT TO THE DATE OF THE INVOICE. ANY AMOUNT REMAINING UNPAID ON OR AFTER THE THIRTY-FIRST DAY SUBSEQUENT TO THE DATE OF THE INVOICE SHALL BE DEEMED PAST DUE.

INTEREST:

INTEREST SHALL ACCRUE AT A RATE EQUAL TO EIGHTEEN PERCENT PER ANNUM ON ANY PAST DUE AMOUNT BEGINNING FROM THE DATE OF THE INVOICE UNTIL PAID IN FULL.

ATTORNEY FEES:

IN THE EVENT THAT WE SHALL BE REQUIRED TO INCUR EXPENSES TO ENFORCE THE TERMS AND CONDITIONS CONTAINED HEREIN, INCLUDING THE COLLECTION OF ANY INVOICES, PURCHASER AGREES TO PAY US REASONABLE EXPENSES, INCLUDING ATTORNEY’S FEES (AT THE PRESUIT, TRIAL AND APPELLATE LEVEL) AND COSTS REGARDLESS OF WHETHER ANY PROCEEDING OR ACTION IS ACTUALLY COMMENCED. WE, AND PURCHASER, FURTHER AGREE THAT VENUE IN ANY ACTION SHALL LIE IN A COURT OF COMPETENT JURISDICTION IN BROWARD COUNTY, FLORIDA, PROVIDED HOWEVER, IN ANY ACTION THAT INCLUDES A CLAIM TO FORECLOSE A CONSTRUCTION LIEN, OR A CLAIM ON A CONSTRUCTION BOND, VENUE MAY LIE IN THE COUNTY WHERE VENUE WOULD BE PROPER FOR SUCH ACTION.

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT. I FULLY UNDERSTAND MY CREDIT TERMS AND AGREE TO PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT. I UNDERSTAND THAT A FAX OR E-MAIL COPY OF THIS APPLICATION WILL BE CONSIDERED AS AN ORIGINAL. IF THERE ARE ANY CHANGES ON THIS APPLICATION, I WILL PROVIDE YOU WITH THOSE CHANGES IMMEDIATELY.

SIGNED: _____

PRINT: _____

TITLE: _____

DATE: _____

PERSONAL GUARANTEE:

THE UNDERSIGNED (GUARANTOR) HEREBY JOINTLY AND SEVERALLY PERSONALLY GUARANTEES IN THEIR INDIVIDUAL CAPACITY TO PAY IN FULL, WITH OUT RESERVATION, ALL THE ACCOUNT CHARGES, LIABILITIES, OBLIGATIONS, AND/OR DEBTS DUE OR TO BECOME DUE TO US INCURRED BY _____ IN ACCORDANCE WITH THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION.

GUARANTOR: _____

PRINT NAME: _____

IF MARRIED SPOUSES

SIGNATURE: _____

PRINT NAME: _____