

COASTAL PRECAST OF FLORIDA, INC.

P.O. BOX 370

ESTERO, FL. 33928

PH #239-482-7468 FX# 239-482-7469

CUSTOMER CREDIT APPLICATION

BUSINESS DATA:

FULL BUSINESS NAME

BILLING ADDRESS

CITY STATE

STREET ADDRESS (IF DIFFERENT THAN MAILING)

CITY STATE

ARE YOU TAX EXEMPT? NO. YEARS IN BUSINESS
__YES __NO

DESCRIPTION /NATURE OF BUSINESS

PHONE NUMBER FAX NUMBER

HAVE YOU EVER FILED BANKRUPTCY OR HAD A LIEN
OR JUDGMENT FILED AGAINST YOU? __YES __NO

DO YOU REQUIRE A PURCHASE ORDER? __YES__NO

TYPE OF ACCOUNT:

__CORPORATION __PROPRIETORSHIP __PARTNERSHIP __GOVERNMENT __OTHER (PLEASE EXPLAIN)

NAME OF OFFICER OR OWNER & TITLE

NAME OF OFFICER OR OWNER & TITLE

HOME ADDRESS

HOME ADDRESS

CITY STATE ZIP

CITY STATE ZIP

HOME PHONE NUMBER S.S. #

HOME PHONE NUMBER S.S #

MATERIAL\SUPPLIER REFERENCES:

1. COMPANY NAME

2. COMPANY NAME

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER

TELEPHONE NUMBER FAX NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

3. COMPANY NAME

4. COMPANY NAME

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER

TELEPHONE NUMBER FAX NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

Our payment terms are net 30 days from the date of our invoice. A service charge of 1-1 1/2% will be charged on all past due invoices.

Individual Personal Guaranty: In consideration of your extending credit at my request, I hereby personally guarantee you payment of any obligation of the company. I hereby agree to bind myself to pay you any sum of money which may become due to you by the company whenever the company shall fail to pay the same.

Date:

Signature:

Title:

"FOR ALL OF YOUR STORM AND SANITARY NEEDS"