

COASTAL PRECAST OF FLORIDA, INC.

P.O. BOX 370

ESTERO, FL. 33929

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

CUSTOMER CREDIT APPLICATION

BUSINESS DATA:

FULL BUSINESS NAME

BILLING ADDRESS

CITY STATE ZIP

STREET ADDRESS (IF DIFFERENT THAN MAILING)

CITY STATE ZIP

EMAIL ADDRESS

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

HOME PHONE NUMBER

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

Email Address

Email Address

3. COMPANY NAME

4. COMPANY NAME

ADDRESS

ADDRESS

CITY STATE ZIP

CITY STATE ZIP

TELEPHONE NUMBER FAX NUMBER

TELEPHONE NUMBER FAX NUMBER

Email Address

Email Address

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"