



MASTER CONSTRUCTION PRODUCTS, INC.

P. O. Box 593918 Orlando, Florida 32824
Phone: 407 - 857 - 1221 Fax: 407 - 770 - 0125

Orlando: _____
St. Augustine: _____
New Port Richey: _____
Tavares: _____
Ft. Pierce: _____

Application for Credit

Date: _____
Business Name / dba: _____
Street Address: _____ County: _____
City, State, Zip: _____ A/P Contact: _____
P.O.Box: _____ City, State, Zip: _____
Telephone: _____ Fax: _____
Cell: _____ Email Address: _____
Legal Form of Business: [] Sole Proprietor [] Partnership [] Corporation [] LLC
Date Established: _____ Corporation State: _____ Date Inc.: _____ P.O.#'s Required: [] Yes [] No
Tax Exempt #: _____ Federal ID #: _____

Principal Owner(s) - Partners - Officers:

Name: _____ Title: _____
Home Address: _____ Phone: _____
City, St Zip: _____ Cell: _____
Driver's License #: _____ Issuing State: _____

Trade References - Please list businesses where you purchase materials, have an open Line Of Credit, and are currently or have done business within the last 6 months. PLEASE MAKE SURE TO INCLUDE CORRECT FAX AND PHONE #....INCOMPLETE INFORMATION SLOWS PROCESSING OF YOUR APPLICATION.

Name: _____ Phone: _____
Address: _____ Fax: _____
Name: _____ Phone: _____
Address: _____ Fax: _____
Name: _____ Phone: _____
Address: _____ Fax: _____

Bank Reference:

Bank Name: _____ Acct. #: _____
Bank Officer: _____ Phone Number: _____

Credit Terms / Personal Guarantee

Any invoice is past due if not paid within thirty (30) days of the date of the invoice. In the event you fail to pay an invoice within thirty (30) days, you acknowledge and agree that a finance charge in the amount of 1-1/2% per month shall be added to the invoice until the invoice is paid. In no event shall the finance charge incurred exceed the maximum rate permitted by law. You also acknowledge and agree that you shall be liable for any and all costs, including attorney's fees, incurred in connection with the collection of any past due invoice, whether a civil action is filed or not. If it is necessary to file a civil action, you agree that the exclusive venue and jurisdiction for such action shall be the Federal District for the Middle District of Florida, Orlando Division or any appropriate state court within the Orange County, Florida. You specifically waive any objections to venue and jurisdiction in such courts, including any objection based on inconvenient forum. You also agree to waive trial by jury in any action relating to collecting an unpaid invoice. The parties agree that Florida law shall apply to any legal dispute. By signing below, you acknowledge and warrant you are the authorized representative of the company named above and are duly authorized to enter into this agreement on such company's behalf. By signing as the personal guarantor below, you are further acknowledging and agreeing that you are personally guaranteeing the payment of any debt incurred by the company named above and Master Construction Products, Inc. Your individual and personal credit history may be a factor in the evaluation of the credit history of the applicant and by signing below; you authorize Master Construction Products, Inc. or its agent, to obtain a consumer credit report to assist in the credit evaluation process.

Payment Guarantee Authorized Signature of Officer

Printed Name/Title (Must be an officer, or authorized signor if incorporated)

Personal Guarantee Authorized Signature

Printed Name

Salesman _____ / _____ / _____

C.M. Initials _____ LOC _____ 1099 _____



MASTER CONSTRUCTION PRODUCTS, INC.

P. O. Box 593918
Orlando, FL 32859-3918
Phone: (407) 857-1221
Fax: (407) 770-0125

**CREDIT APPLICATION
VERIFICATION AUTHORIZATION**

Company Name: _____

dba: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

I/We authorize the credit department of Master Construction Products, Inc. to verify our references so that we may establish an open Line of Credit with them.

The signature below is authorization for any Bank references and all trade references which we have listed on our credit application to provide information on their verification form. You will be provided with a copy of our credit application. If I/We have signed a personal guarantee as a sole proprietor it will also serve as authorization for a personal credit report to be furnished to Master Construction Products, Inc.

Date: _____

Name & Title (Please Print)

Authorized Signature

Name & Title (Please Print)

Authorized Signature

If any reference would like to verify that the above signatures are true and valid please call the authorized signor at this number: _____

Locations:

Corporate Office – Orlando

Branches – St. Augustine * New Port Richey * Poinciana *Tavares * Ft. Pierce

To be completed at the time of application.