



400 Riverview Drive
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CHARGE ACCOUNT APPLICATION FORM

Company/Owner NAME _____ Type of Business _____ Years in Business _____
 Corporation _____ Partnership _____ Individual _____
 Mailing Address _____ City _____ State _____ Zip _____
 Street Address _____ City _____ State _____ Zip _____
 How long at this address? _____ years Business Phone(____) _____ Fax (____) _____
 Sales Tax Exempt# _____
 (Attach Signed Card)

PLEASE CHECK THE BOX THAT APPLIES:

- Customer Type**
- 1. General Contractor
 - 2. Subcontractor
 - 3. Remodeling Contractor
 - 4. Building Own Home
 - 5. Extensively Remodeling Own Home
 - 6. Charitable Organization
 - 7. Municipal Organization
 - 8. Retail Customer

ESTIMATED MONTHLY SALES VOLUME:

\$ _____

1. Name of Principal _____ Address _____
 Title _____ Home Phone _____ Soc. Sec.# _____
 Home _____
 2. Other Principal _____ Address _____
 Title _____ Home Phone _____ Soc. Sec.# _____

TRADE REFERENCES:

	NAME	ADDRESS & PHONE NO.	ACCT.# or CONTRACT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

BANK REFERENCES:

	NAME	TYPE ACCT	ADDRESS & PHONE NO.	ACCT.#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

