



Property Information

Property Name:		Property Manager:	
Street Address:			
City/State:		Zip Code:	
Phone Number:		Fax:	
Email Address:			
Management Company:		Owner Name:	
Mailing Address:			
City/State:		Zip Code:	
Phone Number:		Fax:	
Email Address:			
Are You Owner Managed:		Are Po's Required?	
Amount of Credit desired within 30 days:		FEIN#:	
Mailing Address for Accounting Office. Where should we send Statements/Invoices to?			
Contact:			
Mailing Address:			
City/State:		Zip Code:	
Phone Number:		Fax:	
Email Address:			

CREDIT TERMS OF HOUSE OF FLOORS, INC.			
A)		OUR TERMS ARE NET 30	
B)		ANY ACCOUNT OVER CREDIT LIMIT WILL BE PLACE ON CREDIT HOLD.	
C)		INTEREST AT THE RATE OF 1.5% PER MONTH WILL BE CHARGED ON ALL PAST DUE BALANCES.	
D)		IN THE EVENT IT BECOMES NECESSARY TO PLACE THE ACCOUNT WITH AN ATTORNEY FOR COLLECTION, THE UNDERSIGNED AGREES TO PAY ALL COLLECTION COSTS INCLUDING REASONABLE ATTORNEY FEES.	
E)		ANY SUIT WHICH ARISES OUT OF THIS AGREEMENT MAY BE INSTITUTED AND MAINTAINED IN COURT OF COMPETENT JURISDICTION IN ORANGE COUNTY, FLORIDA.	
F)		CREDIT SHALL BE EXTENDED AND PAYMENT IS DUE FROM APARTMENT COMPLEX OWNER AND ITS MANAGEMENT COMPANY (AGENT), JOINTLY AND SEVERALLY.	
<i>I UNDERSTAND THE CREDIT TERMS AND AGREE TO BE BOUND THEREBY IN THE EVENT THAT CREDIT IS GRANTED. I AUTHORIZE HOUSE OF FLOORS, INC. TO DO A COMPLETE CREDIT INVESTIGATION.</i>			
Authorized Agent For Owner (Print):		Date:	
Authorized Agent For Owner (Signed):			

Orlando
526 Florida Central Parkway
P.O. Box 522618
Longwood, FL 32752-2618
(407) 830-6999 (888) 920-6999
Fax (407) 830-8657

Tampa
8521 Sunstate Street
Tampa, FL 33634
(813) 249-7600 (877) 249-7600
Fax (813) 886-8845

Jacksonville
11210 Phillips Industrial Blvd East
Suite 8
Jacksonville, FL 32256
(904) 262-6989 (888) 930-6999
Fax (904) 262-9062

Palm Beach/Miami
1081 Holland Drive
Boca Raton, FL 33487
(561) 989-0599 (888) 561-6999
Fax (561) 989-0299

Sarasota/Naples
P.O. Box 669
Tallevast, FL 34270
(941) 752-9924 (866) 203-6999
Fax (941) 752-2274



References:

PLEASE COMPLETE THE FOLLOWING IN FULL AS ALL REQUESTS MUST BE IN WRITING. YOUR ASSISTANCE WILL HELP EXPEDITE YOUR APPLICATION. ALL INFORMATION WILL BE HELD STRICTLY CONFIDENTIAL.

Authorized Buyers:	
1-	
2-	
3-	
4-	

Credit References:

Name:			
Mailing Address			
City:		State/Zip:	
Account #:			
Phone#:		Fax:	

Name:			
Mailing Address			
City:		State/Zip:	
Account #:			
Phone#:		Fax:	

Name:			
Mailing Address			
City:		State/Zip:	
Account #:			
Phone#:		Fax:	

Authorized Signature:	
Date:	

Signature authorizes House of Floors, Inc. to research and contact references listed above

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