



Coastal Industries, Inc.
P.O. Box 16091
Jacksonville, FL 32245
Phone 904-642-3970
Fax 904-642-5015

FOR OFFICE USE ONLY:
Price Code: _____
Sales Rep. Name/Code: _____

CREDIT APPLICATION

We hereby apply for the extension of credit by COASTAL INDUSTRIES, INC., and provide the following information for your consideration.

APPLICANTS

Business Name _____ Year Established _____

Billing Address _____
Street P.O. Box City State Zip

Shipping Address _____
Street City State Zip

Shipping Address County/Parish _____

Phone No. (_____) _____ Fax No. (_____) _____

Is your company owned by another company? Yes _____ No _____ Fed ID# _____ or SSN _____

Name of Parent Company _____

Home Office Address _____
Street P.O. Box City State Zip

Corporation _____ Partnership _____ Ltd. Partnership _____ Proprietorship _____

Nature of Business _____ Years in Business _____ No. of Employees _____

We are incorporated under the State Laws of _____ Purchase Order Required Yes _____ No _____

SALES TAX (FLORIDA, GEORGIA, TEXAS AND NORTH CAROLINA ONLY):

Taxable _____ Exempt _____ Tax I.D. (Resale) # _____

STANDARD TERMS

1% 10 days, Net 30 days from invoice date

PRINCIPAL OFFICERS, STOCKHOLDERS OR OWNERS:

Name	Title	Home Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Former Business Name _____ Location _____

BANK REFERENCES

Name _____ Officer Name _____
 Address _____
 Account No. _____ Phone No. (_____) _____
 Name _____ Officer Name _____
 Address _____
 Account No. _____ Phone No. (_____) _____

BANK AUTHORIZATION

Bank Name _____ Address _____ Phone _____

I, the undersigned, authorize you to furnish COASTAL INDUSTRIES, INC. with the information requested. This is in consideration of establishing an open account. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

 Signature of Corporate Officer

BUSINESS REFERENCES:

Co. Name & Contact _____	Co. Name & Contact _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Account No. _____	Account No. _____
Phone _____	Phone _____
Fax # _____	Fax # _____

Co. Name & Contact _____	Co. Name & Contact _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Account No. _____	Account No. _____
Phone _____	Phone _____
Fax # _____	Fax # _____

SALES AGREEMENT (MUST BE SIGNED)

The undersigned, in consideration for the terms of sale herein and for the extension of credit by Coastal Industries, Inc., hereby agrees that the terms of sale are 1% 10, Net 30 Days. A 1% cash discount is earned if payment is received within 10 days of sale; due net thereafter and becomes past due if not paid within 30 days from date of invoice, and further, that a 1-1/2% service charge (18% per annum) will be added on any past due portion. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection, including reasonable attorney's fee, whether or not suit be brought and including fees incurred in any appeals or bankruptcy proceedings. The undersigned expressly agrees that regardless of place of payment, all suits at law or in equity for any breach of this agreement or for any default in payment shall be instituted and maintained in any court of competent jurisdiction in Duval County, Florida. The undersigned does hereby certify that the information contained above is true and correct and further agrees that any changes in ownership or officers, or form that the business operates as shall be made known to Coastal Industries, Inc. This notice shall be in writing and mailed to Coastal Industries, Inc., P.O. Box 16091, Jacksonville, FL 32245, by Certified U.S. Mail.

COMPLETED BY:**TITLE:****DATE:****PERSONAL GUARANTEE:**

For good and valuable consideration, the undersigned (jointly & individually) agree to be personally liable for all indebtedness incurred by the above listed corporation or business entity. The undersigned (jointly & individually) further agree to be personally liable for all indebtedness based on the extension of credit to any other corporation or business entity with which the undersigned is or may be affiliated. If a default in the terms of payment occurs on any account on which the undersigned is or may be liable, and which is placed with an attorney or bonded collection agency, the undersigned (jointly & individually) agree to pay an additional 25% collections charge on the entire unpaid balance.

Printed Name _____ Signature _____ Date _____

Printed Name _____ Signature _____ Date _____

THE USE OF MY CORPORATE TITLE IS ONLY TO IDENTIFY MY POSITION IN THE COMPANY AND IN NO WAY NEGATES MY PERSONAL GUARANTEE.