



**NATIONWIDE PROTECTIVE COATING MFRS., INC.**  
 U.S. Toll Free: 1.800.423.7264 - Office: 941.753.7500 - Fax: 941.753.1773

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Original Received

# APPLICATION for CREDIT

RETURN SIGNED ORIGINAL via MAIL

PLEASE PRINT OR TYPE

FAST RESPONSE FAX: 941-753-1773

OFFICE USE ONLY  
 Letter: \_\_\_\_\_  
 Rep: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_  
 Limit & Terms: \_\_\_\_\_

Date: \_\_\_\_\_  Corporation\*  LLC/Partnership/Proprietorship\*  Personal/dba\* \* Personal Guarantee May Be Required

Business Name: \_\_\_\_\_ D&B #: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #:1 \_\_\_\_\_ Phone #:2 \_\_\_\_\_ Fax#: \_\_\_\_\_

E.I. Number or Social Security #: \_\_\_\_\_ Sales Tax #: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Estimated Annual Sales: \$ \_\_\_\_\_ Credit Limit Requested: \$ \_\_\_\_\_

Authorized Purchaser(s): \_\_\_\_\_

P.O.# Required:  YES  NO Accounts Payable Contact: \_\_\_\_\_

**PRINCIPALS/OWNERS/DIRECTORS/PARTNERS:**

Principal #1: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ph#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal #2: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Ph#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**BANK REFERENCE:**

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Credit Card Accounts are not Preferred

**TRADE REFERENCES:**

Additional Reference Sheet(s) Attached

#1: Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

#2: Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

#3: Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

*If the undersigned applicant's account is placed with a collection agency or attorney for collection or if any legal action is necessary to collect on this account, the undersigned applicant agrees as a condition of being granted credit, to pay all costs of collection, including but not limited to reasonable attorney's fees including appellate attorney's fees, which costs shall be considered part of the total balance of the account due. Proper venue for any judicial proceeding shall be Manatee County, Florida, U.S.A.*

*There will be a one and one half percent (1.5%) Service Charge per month of all unpaid past due invoices in accordance with the terms set forth by Nationwide Protective Coating Mfrs., Inc. This charge will be added to your account at the close of each month's business.*

Dated: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

12/11/15



**NATIONWIDE PROTECTIVE COATING MFRS., INC.**  
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**PERSONAL GUARANTEE of CREDIT**

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Letter: \_\_\_\_\_

Rep: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Limit & Terms: \_\_\_\_\_

Date: \_\_\_\_\_ Nationwide Customer Account #: \_\_\_\_\_  
 Guarantee for (Name of Business): \_\_\_\_\_  
 Personal Guarantor's Full Name: \_\_\_\_\_  
 Home Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_ State Issuing License: \_\_\_\_\_  
 Race: \_\_\_\_\_ Sex:  Male  Female Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
 CHECK ONE:  Rent Home  Buying/Mortgage; Lender: \_\_\_\_\_  Own Home

**PERSONAL BANK REFERENCE:**

Name of Bank: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Credit Card Accounts are not Preferred **PERSONAL TRADE & CREDIT REFERENCES:**  Additional Reference Sheet(s) Attached

#1: Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

#2: Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

#3: Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Ph#: \_\_\_\_\_ Fax#: \_\_\_\_\_

*If the undersigned applicant's account is placed with a collection agency or attorney for collection or if any legal action is necessary to collect on this account, the undersigned applicant agrees as a condition of being granted credit, to pay all costs of collection, including but not limited to reasonable attorney's fees including appellate attorney's fees, which costs shall be considered part of the total balance of the account due. Proper venue for any judicial proceeding shall be Manatee County, Florida, U.S.A.*

*For value received, the undersigned, called "Guarantor", unconditionally guarantees and promises to pay Nationwide Protective Coating Mfrs., Inc. of 7106 24<sup>th</sup> Court East, Sarasota, Florida, U.S.A., 34243, called "Seller" or its assigns, any indebtedness incurred by the Business Name as stated above called "Buyer" for any and all purchases of products sold by the Seller on or after the date indicated below". Guarantor understands and agrees that this is a continuing guarantee and shall cover all future indebtedness of Buyer as contemplated hereunder, including indebtedness arising under successive transactions that shall continue the liability of the Buyer. Even if the Buyer has satisfied the Account, the Guarantor's liability will renew and continue from time to time with each subsequent purchase. This Personal Guarantee of Credit will remain in effect until written request by Guarantor to terminate is received by Seller, and is rescinded in writing by Nationwide Protective Coating Mfrs., Inc. This guarantee shall terminate on the date stated in the rescission letter to the Guarantor. Guarantor will be liable for any and all indebtedness incurred or created by Buyer from the date stated on this document until the date stated on the rescission letter from Seller to Guarantor. If Guarantor requests termination of this Personal Guarantee, Seller may elect to immediately cease selling product to the Buyer.*

*There will be a one and one half percent (1.5%) Service Charge per month of all unpaid past due invoices in accordance with the terms set forth by Nationwide Protective Coating Mfrs., Inc. This charge will be added to your account at the close of each month's business.*

\*Dated: \_\_\_\_\_  
 Guarantor's Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_

12/11/15