



2328 N Washington Blvd., Sarasota, FL 34234 Phone 941-955-8145 Fax 941-955-9397  
www.coastalchemical.com

**APPLICATION FOR CREDIT**

Date \_\_\_\_\_ Salesman \_\_\_\_\_ Monthly Credit Required \$ \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Customer Name (Purchaser): \_\_\_\_\_

Street (Shipping) \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Purchase will be: \_\_\_\_\_ Taxable \_\_\_\_\_ Tax Exempt (Submit certificate w/application)

Type of Business: \_\_\_\_\_ Corporation (State \_\_\_\_\_) \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Proprietorship

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

Accounts Payable Contact (Name/Phone/Email) \_\_\_\_\_

Principals, Owners or Major Stockholders:

Name	Title	Percent Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BANK REFERENCES:**

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Checking Acct# \_\_\_\_\_ Saving Acct # \_\_\_\_\_

Loan Acct# \_\_\_\_\_

Company C/C \_\_\_\_\_ (Used in event account becomes 60 days Delinquent)

**TRADE REFERENCES:**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/ST/Zip)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Fax)

**I HEREBY AUTHORIZE MY BANK AND TRADE REFERENCES TO RELEASE ANY REQUESTED CONFIDENTIAL INFORMATION TO COASTAL CHEMICAL & PAPER SUPPLY, INC.** (please fill out the required information completely).

**INCLUDE A COPY OF THE SALES AND USE TAX EXEMPT CERTIFICATE, if applicable.**

**TERMS: Each invoice is due according to the terms of payment stated thereon from date of invoice.**

If not paid in full by due date, purchaser expressly agrees to pay a service charge of one and one-half (1.5%) percent per month, unless applicable laws required a lesser charge, computed on the unpaid delinquent balance until account is paid in full. In the event collection procedures are commenced against Purchaser, for any delinquent accounts, Purchaser understands, acknowledges and agrees to pay attorney's fees, court costs and interest incurred by us with such collection procedure.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE \_\_\_\_\_

### **PERSONAL GUARANTY**

For and in consideration of Coastal Chemical & Paper Supply, Inc. (hereinafter Coastal) extending credit to \_\_\_\_\_ (Customer), the undersigned does hereby irrevocably and unconditionally guaranty to Coastal the full payment of all monies now or hereinafter due from Customer.

The obligations of the undersigned Guarantor(s) shall be joint and several, and shall be primary and not secondary; therefore Coastal shall not be required to exhaust its remedies against Customer prior to enforcing its rights under this guaranty against the undersigned.

This guaranty is irrevocably and shall remain in full force and effect until the Customer's account is paid in full. Any modification of terms with the Customer, or any extension, compromise, adjustment, forbearance, waiver, release or discharge of any individual guarantor or third (3<sup>rd</sup>) party obligor, or release in whole or in part any security granted for said indebtedness or compromise or adjustment to the Customer's account shall not impact or alter the undersigned guaranty of the Customer's account. The undersigned waives all notices thereto.

In the event Coastal is required to commence collection efforts on this guaranty then the undersigned shall pay all collection costs incurred by Coastal in enforcing the terms of this guaranty including but not limited to court costs and attorney's fees, both at trial or on appeal.

This Guaranty shall be binding upon the undersigned as well as their legal representatives and personal representatives and the benefits shall inure to Coastal and/or its successors and assigns. This Guaranty shall be governed by the internal laws of the State of Florida without regard to issues regarding the choice of law. The exclusive venue for any action arising under or in any way related to this Guaranty shall be in a court of competent jurisdiction in Sarasota County, Florida.

**Guarantor:**

By: \_\_\_\_\_ (signature)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Guarantor:**

By: \_\_\_\_\_ (signature)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Guarantor:**

By: \_\_\_\_\_ (signature)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_