

Credit Application Page List

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CREDIT APPLICATION

PLEASE SEND ALL PAYMENTS/CORRESPONDECE TO THE CORPORATE OFFICE:

8515 Baymeadows Way, Suite #402 · Jacksonville, FL 32256

Office: (904) 636-6306 · Fax: (904) 636-6323



"Your Source For Stone, Hardscape & Landscape Supplies"

Three Locations To Serve You...
Jacksonville - 5500 Chronicle Court, (904) 443-7400
Middleburg - 1670 Blanding Blvd., (904) 282-8433
Palm Coast - 12 Enterprise Drive, (386) 445-2553

Name
Address
City/State/Zip
Mailing Address (if different):
Telephone Fax
Federal Tax ID or Social Security Number

Date Business Established Amount of Credit Requested
\$
Type of Business: Corporation Partnership Sole Proprietorship
If a corporation, what state:
Is Business Tax Exempt? Yes No (If yes, please attach a copy of your Exemption Certificate (FAX COPY IS NOT ACCEPTABLE, must have original signature on the copy).

Names, Titles, FULL Addresses and phone numbers of officers/owners

Blank lines for names, titles, addresses, and phone numbers of officers/owners.

3 Trade References: (PLEASE include all info, e-mail & fax # requested)

Reference #1:
Name
Address
Telephone FAX #
E-Mail

Reference #2:
Name
Address
Telephone FAX #
E-Mail

Reference #3:
Name
Address
Telephone FAX #
E-Mail

Bank Reference:

Name of Bank

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Address Telephone
Contact Name:
Account #:

I represent that the above information is true and is given to induce Seller, Stone Plus, to extend credit to _____, applicant. My company and I authorize Seller to make such credit investigation as Seller sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks and credit reporting agencies to disclose to Seller any and all information concerning the financial and credit history of my company and myself.

General Terms and Conditions:

- 1. Seller shall invoice Buyer and Buyer shall pay by the following terms: Payment is due on the 25th of the month for purchases made between the 1st and the 15th of each month. Payment is due on the 10th of the following month for purchases made between the 16th and 31st of each month (see attached sheet for additional account payment information).
2. If Seller is forced to take collection or enforcement efforts due to the default of the terms of this agreement, Buyer shall be liable for all costs thereof, including legal fees. A copy of this agreement is as binding as the original.
3. No additional credit will be extended to past due accounts unless arrangements are made with the accounting department.

I authorize a credit check and have read and understand the terms and conditions set forth.

Applicant Printed Name Date

Applicant Signature

Personal Guarantee: I/We, as guarantor(s), hereby jointly and severally, personally, unconditionally and absolutely, guarantee to you the payment of any obligation of the above business entity whenever the applicant shall fail to pay the same. By signing this application, I/We, as guarantor(s), also agree to pay any and all collection costs associated with collection of the debt amount including all attorney fees.

Guarantor Name: Social Security #
Signature Date

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Signature Date

Stone Plus Charge Account Information:

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Stone Plus would like to take this opportunity to thank you for your business. We are committed to maintaining the highest level of service, quality, inventory, and product selection for our contractors. As businesses grow, it becomes necessary for Stone Plus to assist in that growth by allowing charge accounts. In order for Stone Plus to continue servicing its contractors at the level required by you, these accounts need to be kept current. We wish to explain how our AR Policy works.

Each month all charge account customers receive two (2) statements: (Terms are not 30 day)

Invoices dated the 1st – 15th of each month are due on the 25th of that same month. (Example: Invoices dated Sept 1 – Sept 15 are due Sept 25th).

Invoices dated the 16th – 31st of each month are due on the 10th of the next month. (Example: Invoices dated Sept 16 – Sept. 31 are due October 10th).

If payment is not received by the due dates, the following will occur:

Discounts and Free Delivery will be suspended the day after the due date.

If an account remains unpaid 15 days after the due date, that account will be on a COD basis only, along with discounts and free delivery being suspended. At this time a Notice to Owner may be sent also.

If an account reaches the credit limit, payment will need to be made before charging more. If payments are made on your charge account with a credit card, a 6% fee will be assessed at time of payment. This is necessary to absorb the extra fees charged to us by the credit card companies.

Please send all payments to the corporate office listed below so that payments can be applied in a timely manner.

Please feel free to call the Corporate Office with any questions, and we thank you for your business.

A/R Department

I have read and understand the AR Policy at Stone Plus.

Customer Printed Name: _____

Customer Signature: _____

Date: _____

To all our charge account customers:

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First of all, we want to thank you for your business and look forward to continuing to provide you with excellent products and service.

As we have strived to keep price increases to a minimal over the last several years, we can no longer absorb the extra fees charged to us by the credit card companies.

Therefore, effective immediately, **PAYMENTS MADE TO PAY OFF INVOICES/BALANCES ON YOUR CHARGE ACCOUNT WITH A CREDIT CARD** will be assessed a 6% fee at time of payment. This does not include point of sale purchases, where a credit card is used for the payment and not put on the charge account.

If you have any questions, please feel free to contact us anytime.

Sincerely,

A/R Department
(904) 813-7888
stonepluscorp@stoneplus.com

Thank you,

A/R Department To all our charge account customers:

Stone Plus bills twice a month. In order to insure our customers receive their statements in a timely manner we have decided to go to a paperless billing system. We are offering statements to be sent via email or fax. Please fill out the portion below and return.

Thank you for your business and we look forward to continuing to provide you with excellent products and services.

Company Name: _____

Accounts Payable Contact for Paperless Billing: _____ EMAIL _____ FAX _____
(Please check one)

Name: _____

Number: _____

Email/Fax: _____

Signature: _____

If you have any questions, please feel free to contact our office at (904) 813-7888

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ANNUAL VOLUME DISCOUNT PLAN

Discount levels for 2021 will be based on each customer's cumulative purchases (excluding tax) during the period January 1, 2020 - December 31, 2020.

The following table and provisions will be used to determine each customer's status under the program:

Table with 2 columns: Volume of Purchases and Discount Level. Rows include purchase ranges from \$3,000 to over \$100,000 with corresponding discount levels like 'Free Delivery for the Balance of the Current Year' and 'Free Deliveries & 2% Discount'.

*Discounts will be given on materials purchased at regular wholesale prices.

*Customers who exceed their given discount level will receive the greater discount for the remainder of the year.

**Free deliveries apply to: FLAGLER & ST. JOHNS COUNTIES, VOLUSIA COUNTY (North of State Road 40, East of SR 11) & CLAY COUNTIES

**Free delivery applies only to pre-tax orders in excess of \$250.00.

**Free deliveries on volume purchases under \$8,000.00 do not carry over into the next year.

Discounts and free deliveries will be suspended for those who have past due charge accounts. Discounts will resume once the account is current.

CHECK VERIFICATION FORM

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Customer Account #: _____

Customer Account Name: _____
(Company Name)

Check Writing Policy / Verification Form:

All wholesale accounts must have this Verification Form on file with Stone Plus.
Anyone in your company authorized to write checks will need to supply us the following information: (1 form per person authorized)

Name of Person Authorized to Write Checks: _____

Date of Birth: _____ Height: _____ Hair Color: _____

Race: _____ Sex: _____

Driver License #: _____

Expiration Date: _____

**** (A copy of the driver's license MUST be attached to this application for our records.) ****

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

We appreciate your cooperation.