



Remit to Address:
 6965 38th St. N.
 Pinellas Park, FL 33781
credit@cavhcorp.com
 Phone: 813-814-1500
 Fax: 813-740-9602

Customer Code _____

Sales Person _____

CREDIT APPLICATION

BUSINESS NAME:			
Business Address:		City, State:	Zip:
Telephone:	Fax:	Years in Business:	
Type of Account: <i>Please Check One</i>			
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporate	<input type="checkbox"/> Partnership	Federal ID#:
Nature of Business (e.g. HVAC):			

NAME OF PRINCIPALS IN FIRM: <i>(Copy of Driver's License(s) Required)</i>	
1. Name & Title:	
2. Name & Title:	
3. Name & Title:	

TRADE REFERENCES: <i>*At least three* Other Material Suppliers – Not Contractors *Active over past 12 months*</i>			
Company:		Telephone:	
Address:		Email:	
City:	State:	Zip:	
Company:		Telephone:	
Address:		Email:	
City:	State:	Zip:	
Company:		Telephone:	
Address:		Email:	
City:	State:	Zip:	

RELEASE OF INFORMATION		
In conjunction with my request for an open account with CAVH, LLC, I do hereby authorize the release to CAVH, LLC. and all information requested by them in their efforts in approving a Line of Credit for myself and/or Company.		
Date:	By (print):	By (sign):
Signatory's Email:		

BANK INFORMATION		
Bank Name:		
Address:	City:	State/Zip:
Account Number:		Person to Contact:
Branch Telephone:		Branch Email:

CREDIT TERMS	
Credit terms are net 30 days from the date of billing, unless otherwise agreed upon, in writing. The undersigned further agrees to pay reasonable attorney's fees, collection costs, court costs and interest in case of default in payment in compliance with our terms. We reserve the right to charge past due accounts 1 ½ % interest per month from due date plus any expenses incurred by the corporation in collecting the account.	
Date:	Signature of Applicant:

INDIVIDUALS GUARANTEE OF PAYMENT	
<p>In consideration of one dollar and other good and valuable considerations, the receipt of which is hereby acknowledged, I (we) hereby guarantee jointly, individually and personally unto CAVH, LLC. the payment of any indebtedness on the account of: _____ now existing or which is incurred hereafter and in whatever form it may be evidenced. This is to be a continuing guarantee until all payments of all indebtedness has been made. It is not to be limited in any manner when and if this account is place in the hands of the attorney for collection of any amounts unpaid and owing. I (we) guarantee and agree to pay attorney's fees of 30% of the amount due, which is agreed to be reasonable for collections, in addition to the account of the unpaid balance due.</p> <p>The undersigned may at any time terminate this guarantee by giving 10 day's notice in writing to the Seller by Registered mail sent to the Seller's office whereupon liability of the undersigned shall terminate as to the deliveries made subsequent to the expiration of said 10 day period.</p> <p>It is further agreed that this guarantee shall continue notwithstanding any change in organization, corporate setup or partnership change unless the Seller receives notice of such change at least 30 days prior to the delivery of any merchandise and that this guarantee shall be binding upon the heirs, personal representatives, estates successors and assigns of each of the undersigned.</p>	
Date:	Guarantor:
Witness:	Print Name
<i>Must be a CAVH, LLC. Employee</i>	Guarantor (Signature):
<i>OR Notary</i>	Omit Titles
Sworn to before me this _____ Day of 202____	Co-Guarantor:
Notary:	Print Name
	Co-Guarantor Signature:
	Omit Titles

In the event that any balance shall be due in excess of sixty (60) days, applicant authorizes SELLER to submit a voucher to any credit card companies set forth below as a "telephone order" in the amount of overdue balance and grants to the SELLER a limited power of attorney to sign the name of the purchaser to any documents necessary to execute the order and/or credit card charge form.

Print Name as it appears on card:		
Visa Card <input type="checkbox"/>	Master Card <input type="checkbox"/>	Amex Card <input type="checkbox"/>
Card Number:		
Expiration Date:		
Authorized Signature:	Title:	
Date:		