



## Application Instructions

- A.** Page 1 of the form requests general information about your company and is needed to set up your account.
- If your company is located in Florida, Indiana, or Texas, then we require the Resale Tax Certificate.
  - The certificate must be signed by an authorized member of your company. Without this certificate you will be charged the applicable sales tax.
  - Customers in other states are required to submit a copy of their business license.
- B.** Page 2 is only needed if your are applying to issue payment with Company Check or 30 Day Net Terms.
- If page 2 is being filled out, upon completion, you must print the form and sign where it requests the "Signature of Owner/Responsible Officer".
1. Place your cursor at the beginning of the form and type in your information, press the "tab" key to proceed to the next field.
  2. To fill in check boxes you can either press the "Enter/Return" key or click the desired box with your mouse. Print when complete.
  3. Mail or fax completed forms and resale certificate or business license copy to the closest location below.

Please contact us with any questions or if there is anything we can do for you.

Sincerely,

*The Lesco Distributing Sales Team*



1203 East Industrial Drive, Orange City, FL 32763  
Sales: 800-444-8896 Fax: 386-775-1146  
Local: 386-775-7244

2310 Foundation Drive, South Bend, IN 46628  
Sales: 800-348-2888 Fax: 574-251-4993  
Local: 574-251-4980

2180 NW 89th Place Doral, FL 33172  
Sales: 800-327-2830 Fax: 305-592-4121  
Local: 305-593-6131

1628 West Crosby Road, Suite 115 Carrollton, TX 75006  
Sales: 800-527-2939 Fax: 972-242-1509  
Local: 972-446-1605

**Credit Application / New Account Information**

**GENERAL INFORMATION**

Parent Company YES  NO

Name \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Owner's Name \_\_\_\_\_

Driver's License # \_\_\_\_\_

Birth Date \_\_\_\_\_

Social Security # \_\_\_\_\_

Fax Number \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_

Federal ID # \_\_\_\_\_

Resale Tax Number \_\_\_\_\_

(Note: Without sales tax number you will be automatically be charged tax where applicable.)

Taxable YES  NO

Backorder Accepted YES  NO

PO Number Required YES  NO

Shipping Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Invoice Comments \_\_\_\_\_

\_\_\_\_\_

Referred By \_\_\_\_\_

Type Of Business \_\_\_\_\_

Inventory Financing Source \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Number \_\_\_\_\_

Ship To \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Buyer's Name \_\_\_\_\_

Fax Number \_\_\_\_\_

Bill To \_\_\_\_\_

Attention \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Resale Tax Number \_\_\_\_\_

Is the Buyer's address the same as ship to address? YES  NO

Backorder Accepted YES  NO

Does an affiliate of yours currently do business with us? YES  NO

If Yes, Name of Location or Customer # \_\_\_\_\_

Have you done business with us in the past? YES  NO

If Yes, Name of Location or Customer # \_\_\_\_\_

**FOR SALES MANAGER USE ONLY**

Salesperson# \_\_\_\_\_ Date \_\_\_\_\_

Per \_\_\_\_\_ Customer Class \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date \_\_\_\_\_ Customer Number \_\_\_\_\_

Processed By \_\_\_\_\_

Terms:

- With Approved Credit
- No Credit Approval- C.O.D Code ---1---4 (Circle One)
- Prepaid

- Secured By: \_\_\_\_\_ Pers. Gty.
- \_\_\_\_\_ UCC Filing
- \_\_\_\_\_ Other

**CREDIT APPLICATION - All Information is Confidential**

ISSUED BY: SM# \_\_\_\_\_

**Mail To: LESCO Distributing Inc. (See application instructions for address listings)**

For the purpose of obtaining merchandise from LESCO Distributing Inc. on credit, the following statement in writing made by the applicant authorizes LESCO Distributing Inc. to any references given and inquire of them about credit history. Upon approval of this application, applicant agrees to abide by the terms and conditions of sale. Applicant further agrees to notify LESCO Distributing Inc. in writing with in five days of any change of ownership, address, telephone, authorized purchasing agent(s), banks, transfer of assets, or other facts set forth below.

**CREDIT SALES POLICY**

1. All invoices due 30 days from invoice date. No discounts for cash offered.
2. If payment is not in our hands within terms of invoice, the account will be considered as having gone into a past due situation and assessed a finance charge of 1-1/2% per month (18% per annum). Any account will be considered past due may be on a temporary hold basis until payment is received. Additional information may then be requested to make further changes.
3. In event of non-payment of said account it becomes necessary for LESCO Distributing Inc. to obtain the services of a outside collection agency the undersigned promises to pay LESCO Distributing Inc. all fees and costs associated with collection efforts.
4. In case of suit, action or proceeding for non-payment of said account, the undersigned agrees to pay LESCO Distributing Inc. reasonable attorneys fees to be fixed by the trial court and if any appeal is taken from any decision of the trial court, such further sums as may be fixed by the appellate court, as LESCO Distributing Inc. reasonable attorneys fees in the appellate court. Jurisdiction and venue of said suit shall be in the courts of the State of Florida in Volusia County, and Florida law shall apply.
5. Signature by you or your authorized representative on this credit application is presumed to establish your acceptance of the terms and conditions set forth herein, without exception and to your agreement to comply with said terms.

**CREDIT REQUIREMENTS**

Years at this location \_\_\_\_\_ Number of locations \_\_\_\_\_  
 Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_  
 Officers: President \_\_\_\_\_ Vice President \_\_\_\_\_  
 Treasurer \_\_\_\_\_ Secretary \_\_\_\_\_  
 Principal Share Holders \_\_\_\_\_  
 Partners \_\_\_\_\_  
 Listed in D & B Yes \_\_\_ No \_\_\_ Other Credit Bureau \_\_\_\_\_

**BANK REFERENCE**

Bank \_\_\_\_\_ Account Number \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_ Contact \_\_\_\_\_  
 Bank Credit Line \_\_\_\_\_ Secured: Yes \_\_\_ No \_\_\_

**TRADE REFERENCE**

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_  
 Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

**I HEREBY AUTHORIZE THE ABOVE TO RELEASE ALL INFORMATION NEEDED**

Signature Of Owner/Responsible Officer \_\_\_\_\_ Title \_\_\_\_\_  
 Please Print Name & Title \_\_\_\_\_  
 SS# \_\_\_\_\_ Driver's License # \_\_\_\_\_

<b>CREDIT PROCESSING ONLY</b>	CREDIT LIMIT _____	D&B RATING _____
	APPROVED BY _____	DATE _____

# LESCO

Distributing, INC.

1203 E. Industrial Dr.  
Orange City, FL 32763

Phone: 386.775.7244 | Sales: 800.444.8896 | Fax: 386.775.1146

## INDIVIDUAL PERSONAL GUARANTEE

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

I, \_\_\_\_\_ residing at, \_\_\_\_\_

Social Security # \_\_\_\_\_, in order to induce LESCO DISTRIBUTING, INC. to consummate

sales with the following, \_\_\_\_\_ (Hereinafter referred to as the "Company"), personally guarantee to you, of any and all indebtedness, obligations, and liabilities upon which said Company incurs. It is understood that this guarantee shall be a continuing, irrevocable, absolute and unconditional guarantee and indemnity for such indebtedness of the Company, in any event. This guarantee will be in full force and effect until such time as we receive, by certified mail, written notice of revocation. Such revocation shall not, in any way, relieve the undersigned from any indebtedness incurred prior to the receipt of said notice. I do hereby waive the notice of default, non-payment, and notice thereof and consent to any modification, extension, or renewal of any indebtedness hereby guaranteed. The undersigned hereby agrees to pay all costs and expenses including, but not limited to, reasonable attorney's fees incurred or paid at any time by LESCO DISTRIBUTING, INC., in seeking collection of the underlying indebtedness, or in enforcing this guarantee. Furthermore, the undersigned agrees to pay interest at 1.5% per month, on any past due balance. The death, dissolution, or insolvency of the Company or the institution of proceedings in bankruptcy against said Company shall cause all of the said Company's indebtedness to mature at LESCO DISTRIBUTING'S election. LESCO DISTRIBUTING, INC. is authorized to, at any time, without notice, change, release, or in any way deal with any security or other guarantors, none of which shall affect the continuing liability of the undersigned.

Please print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

**INDIANA**

**TEXAS**

**ORLANDO**

**MIAMI**