



# CREDIT APPLICATION

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

EMAIL: **dudasod@duda.com**

PHONE: **321.757.7455**

FAX: **321.757.7672**

**A. DUDA & SONS, INC.**

**PLEASE TYPE OR PRINT THE ANSWERS TO ALL QUESTIONS. IF NOT APPLICABLE, WRITE "N/A".**

Applicant's Name \_\_\_\_\_ Contact \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

The Owners, Partners, Officers and/or Stockholders are:

<u>Name</u>	<u>Title</u>	<u>S/S #</u>	<u>Home Phone #</u>	<u>% Owner</u>

Parent Co. Name and Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Annual Sales \_\_\_\_\_ Net Worth \_\_\_\_\_

Federal Employer ID # \_\_\_\_\_ Years Established \_\_\_\_\_ Under the laws of the State of \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Bank Address \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Bank Officer \_\_\_\_\_ Account Number(s) \_\_\_\_\_

**TRADE REFERENCES:** Please give names of those you buy from on open account.

Name/Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Name/Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Name/Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Name/Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Name/Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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

Do you have a Florida Agricultural Bond?  No  Yes - Amount \_\_\_\_\_ Expires \_\_\_\_\_

Are Purchases Exempt from Florida Sales Tax?  No  Yes - Sales Tax Number \_\_\_\_\_

Estimated Monthly Credit Requirement Requested: Average \_\_\_\_\_ Peak \_\_\_\_\_

**PLEASE READ & SIGN THE BACK PAGES, AND ENCLOSE A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT.**

**OFFICE USE ONLY:**                      Signature                      Date                      Amount                      Remarks

Requested By \_\_\_\_\_

Investigated By \_\_\_\_\_

Approved By \_\_\_\_\_

# BANK AUTHORIZATION

# DUDA

CREDIT DEPARTMENT

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

A. DUDA & SONS, INC., P. O. BOX 620257, OVIEDO, FL. 32762-0257

PHONE: (407) 365 - 2146

FAX: (407) 365 - 2028

To: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Bank Name and Address)

Gentlemen:

I(We) have applied to A. Duda & Sons, Inc. for a \$\_\_\_\_\_ line of credit. I(We) have provided Duda with the name of your bank as a reference, and therefore authorize you to release any credit information requested on my bank accounts listed below. Please promptly complete and return all requested information to Duda via fax at (407) 365-2028. A. Duda & Sons, Inc. has agreed to keep all information provided strictly confidential.

\_\_\_\_\_  
(Applicant's Name)

By: \_\_\_\_\_  
(Authorized Signature & Title)

Checking Account Numbers: \_\_\_\_\_

Savings Account Numbers: \_\_\_\_\_

Loan Account Numbers: \_\_\_\_\_

## NOTE TO APPLICANT:

Please return the following documents to our Credit Department at the above address for processing:

1. Completed Credit Application Form.
2. Copy of Recent Financial Statement.
3. Signed Terms and Conditions of Sale.
4. Signed Bank Authorization Form.
5. If Sales Tax Exempt, please include a copy of either:  
Form DR13 - Annual Resale Certificate, or  
Form DR14 - Consumers Certificate of Exemption.

## TERMS AND CONDITIONS OF SALE

1. All sales will be handled on a cash basis until credit has been established by the Duda Credit Department.
2. All written TERMS AND CONDITIONS OF SALE on invoices, statements, contracts or other written agreements must be observed and performed as stated.
3. According to the laws of the State of Florida, sales tax must be applied to all invoices unless a valid CERTIFICATE OF RESALE has been submitted to A. Duda & Sons, Inc.
4. CLAIMS of any nature must be reported immediately to the Duda Sod Department. Any claims reported more than one week after arrival cannot be given full consideration.
5. All amounts owed are due and payable no later than 30 days after the invoice date. Delinquent amounts will be subject to a SERVICE CHARGE of 1.5% per month (18% per annum) on the unpaid balance until paid. Failure to make payment according to our terms will result in a CREDIT HOLD on your account, and could result in FULL CANCELLATION if the problem persists.
6. In order to be eligible to receive any benefits offered under any VOLUME DISCOUNT PROGRAM, applicant agrees to abide by all redemption terms. This includes maintaining a current balance which is under the approved credit limit at the time of redemption.
7. In the event the account becomes delinquent and must be placed for collection, applicant agrees to pay all costs and expenses of collection, including reasonable attorney's fees, court costs, and costs incurred on appeal.
8. If it becomes necessary to initiate legal proceedings, applicant agrees to waive all rights relating to venue, and further agrees to accept the appropriate court in Seminole County, Florida as venue for any action brought on the account.

I(We) have read, understand and agree to the stated TERMS AND CONDITIONS OF SALE. I(We) have provided all information requested on this application for the purpose of obtaining credit and warrant the same to be true and correct. I(We) understand that A. Duda and Sons, Inc. will undertake an investigation of my(our) credit and financial responsibility, and I(we) therefore authorize my(our) stated bank and trade references to release any pertinent credit information requested.

\_\_\_\_\_  
Applicant (Name on the Account)

\_\_\_\_\_  
Authorized Signature, Title and Date

### PERSONAL GUARANTY

In consideration of A. Duda and Sons, Inc. extending credit to the applicant, the undersigned agree, jointly and severally, to be responsible for and guaranty payment of all goods and services supplied to the applicant. It is understood that credit is granted to the applicant based on the personal guaranty of the undersigned to provide payment should the applicant fail to pay the same. It is also understood that the stated terms and conditions of sale apply to the undersigned. It is further understood that this guaranty shall be continuing and irrevocable unless the undersigned notify A. Duda and Sons, Inc., in writing, of any change of ownership or form of applicant's business organization.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Guarantor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Guarantor