



APPLICATION FOR CREDIT

My Supply Depot, Inc
www.cleansweepsupply.com

16122 N. Florida Ave
Lutz, FL 33549

Phone: 877-677-7015
Fax: 888-405-1451
E-mail: tmahoney@cleansweepsupply.com

Company Name : _____

Billing Address : _____

City : _____ State : _____ Zip : _____

Telephone : _____ Fax : _____

Type of Business (Check One) Corporation _____ Partnership _____ Individual Owner _____

Years in Business _____ Billing Contact _____

Website Address : _____

LIST THREE TRADE REFERENCES :

Business Reference One : _____

Contact Name _____ **Fax #** _____

Business Reference Two : _____

Contact Name _____ **Fax #** _____

Business Reference Three : _____

Contact Name _____ **Fax #** _____

Important : By signing below, you acknowledge that you fully understand My Supply Depot's terms and agree to pay within those terms. You agree to pay the entire balance of the account on demand and agree to pay reasonable attorney's fees, collection cost and court cost in the event action or suit brought to recover any past due balances. Venue shall be in Hillsborough County, Florida. Our terms are net 30.

Signed : _____ Date : _____
(authorized signature only)