

# Southeast Pros, Inc.

## Credit Application

**Property Management Company Name:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Accounts Payable Manager: \_\_\_\_\_

Account Payable Email: \_\_\_\_\_

Federal ID or SSN: \_\_\_\_\_

Amount of Credit required for 30 Day period: \_\_\_\_\_

**Property Owners Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payable Manager: \_\_\_\_\_

Federal ID or SSN: \_\_\_\_\_

Amount of Credit required for 30 Day period: \_\_\_\_\_

**Bank Name:** \_\_\_\_\_

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

Account Opened Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Local Trade References

**Housekeeping Company Name:** \_\_\_\_\_

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

Dates Used: From \_\_\_\_\_ To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Carpet Cleaning Company Name:** \_\_\_\_\_

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

Dates Used: From \_\_\_\_\_ To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Painting Company Name:** \_\_\_\_\_

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

Dates Used: From \_\_\_\_\_ To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Resurfacing Company Name:** \_\_\_\_\_

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

Dates Used: From \_\_\_\_\_ To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Carpet & Floor Company Name:** \_\_\_\_\_

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

Dates Used: From \_\_\_\_\_ To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**General Contractor Company Name:** \_\_\_\_\_

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

Dates Used: From \_\_\_\_\_ To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Waste Management Company Name:** \_\_\_\_\_

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

Dates Used: From \_\_\_\_\_ To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Other Contractor Company Name:** \_\_\_\_\_

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

Dates Used: From \_\_\_\_\_ To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## **CREDIT POLICY**

PAYMENT TERMS: 30 days or as stated on invoice.

**CREDIT TERMS:** If credit is granted (I) (we) promise to pay all invoices when rendered. (I) (We) understand all invoices are payable within stated terms on invoice, after invoice date and agree to pay a service charge of 1 1/2% per month on (my) (our) past due account balance. In the event payment is not received and (my) (our) account is placed for collection, (I) (we) will pay all cost of collection. If legal action is required, (I) (we) will pay reasonable attorney's fees and court costs resulting from such action. Past due accounts will be placed on hold for any future charges. The undersigned further agrees to immediately notify Southeast Pros, Inc. in writing by registered mail of any change in ownership or form of applicant's business organization. The undersigned agrees to provide to creditor updated financial information on request as a condition of the continuation of this extension of credit.

**ARBITRATION:** All controversies or claims arising out of or relating to this Credit Application or the goods or products or the contract between Southeast Pros, Inc. and you shall be settled by arbitration in accordance with the commercial arbitration rules of the American Arbitration Association. The parties may obtain discovery as provided in the Mississippi civil court rules or any successor rules. The arbitration hearing shall be held in Ridgeland, Mississippi. The award shall be final, and judgment thereon may be entered in any court, state or federal, having jurisdiction. The arbitrator shall have no power to impose punitive or exemplary damages. The arbitrator shall apply Mississippi law in rendering any decision.

**GOVERNING LAWS:** The laws of the State of Mississippi (without regard to its choice of law principles) shall govern the dealings between the parties, including the construction of these terms. The state and federal courts located within the Federal District for the State of Mississippi shall have the exclusive jurisdiction of any action between them, and you agree to submit to the jurisdiction of such court.

**CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION:**

I hereby certify the information in this credit application is correct. The information included in this application is for the use of Southeast Pros, Inc. in determining the amount and condition of credit to be extended. I understand that Southeast Pros, Inc. may also utilize other sources of credit information which it considers reliable in making this determination. Further, I hereby authorize our bank(s) and suppliers to release the information necessary to assist Southeast Pros, Inc. in establishing a line of credit and/or updating my/our existing file.

**Property Management Company**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Property Owner**

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

Print Name: \_\_\_\_\_

**Upon completion, please return:**

**Fax: (601) 519-4821**

**Email: Randy@SoutheastPros.com**