

THE
BOLD LOOK
OF
KOHLER



MORGAN BROS. SUPPLY, INC.

7559 W. Gulf To Lake Highway
Crystal River, Florida 34429
(352) 795-2999 • (Fax) 795-1066
Web Site: WWW.MORGANBROS.COM
Email: MBSCR@Hotmail.Com

Information contained herein is to be held confidential and is for the purpose of establishing credit with this organization only.

Ocala__Crystal River__Daytona Beach__Jacksonville__Melbourne__Orange City__Gainesville__

DATE: _____

BUSINESS NAME: _____

Sales Tax Cert # IF APPL: _____ (Attach a copy)

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE/ZIP: _____

PHONE: _____ FAX: _____

OWNER NAME: _____ ADDRESS: _____

CITY: _____ COUNTY: _____ STATE/ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____

1. How long have you been in present business? _____
2. Is business a: (A) SOLE PROPRIETORSHIP (B) PARTNERSHIP (C) CORPORATION
3. If answer to question #2 is (B) or (C), give names and addresses of partners or offices of the corporation: _____

4. Do you own real estate? YES _____ NO _____
If answer is YES, please give type. _____

5. Are any of your accounts payable past due? _____
If answer is YES, please give details. _____

PLEASE LIST FOUR TRADE REFERENCES AND COMPLETE INFORMATION:
NAME OF BUSINESS: _____ ADDRESS / CITY / STATE / ZIP / PHONE# / FAX#

1. _____

2. _____

3. _____

4. _____

SIGNATURE AND TITLE

INDIVIDUAL PERSONAL GUARANTEE

I, _____, residing at: _____
NAME **ADDRESS / CITY / STATE / ZIP**

for and in consideration of you extending credit at my request to _____

which I am _____ hereby personally guarantee to you the payment at
NAME OF BUSINESS

TITLE

Morgan Bros. Supply, Inc. in the state of Florida of any obligation of the company and I hereby agree to you by the company whenever the company shall fail to pay the same. It is understood that this guarantee shall be continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. I also agree to pay all attorney fees, court costs, and interest. Venue for any court action brought under this agreement shall be in Marion County, Florida.

WITNESS SIGNATURE.

SIGNATURE

SIGNATURE / SPOUSE

ADDRESS / CITY / STATE / ZIP

SOCIAL SECURITY NUMBER

DATE

DRIVER'S LICENSE NUMBER

NAME OF NEAREST RELATIVE

ADDRESS / CITY / STATE / ZIP

DATE

TELEPHONE NUMBER

Thank you,

Morgan Bros. Supply, Inc.

**** NOTE** MUST BE FILLED OUT COMPLETELY TO PROCESS.****