



Customer Information

7500 Golf Course Blvd
Punta Gorda, FL 33982
Phone: (941) 639-3933
Fax: (941) 639-3941

Company Name: _____

DBA: _____ Professional Business License # _____

Phone: _____ Fax: _____ Cell Phone: _____

<u>Billing Address</u>	<u>Shipping Address</u>
Street/P.O. Box: _____	_____
City: _____	_____
State: _____ Zip: _____	_____ Zip: _____

Form of Ownership: Corporation Partnership Proprietorship

Year Years located at Number
Established: _____ Present location: _____ Employees: _____

Is your organization tax exempt? Yes No If you answer yes, please attached a copy of your sales tax exemption certificate to this application.

Please list the major principals in your organization:

Name: _____	_____
<i>Primary</i>	<i>Secondary</i>
Title: _____	_____
Social Security Number: _____	_____
Home Address: _____	_____
City, State: _____	_____
Home Phone: _____	_____

Has applicant, any of applicant's principals, or any corporation in which they were a principal, ever filed for an order of relief under any chapter of the United States Bankruptcy Code? Yes No

*****Gulf Contours is now accepting Master Card and Visa credit cards *****

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Bank References

Bank Name: _____ Branch: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone: _____

Account Numbers:

Checking: _____ Line of Credit: _____

Savings: _____ Other: _____

Active Trade References (Please give the names of your major suppliers from whom you buy on open account)

Company Name: _____ **Account Number:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Products/Services Purchased: _____

Company Name: _____ **Account Number:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Products/Services Purchased: _____

Company Name: _____ **Account Number:** _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Type of Products/Services Purchased: _____

The undersigned authorizes the above references to release information to Gulf Contours.

Officer's Signature: _____

Name (Please type or print) _____ **Title** _____ **Date** _____

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