



Floor Scrubbers
Corporate Headquarters
5109 N National Dr.
Knoxville, TN 37914
866-939-1730
www.floorscrubbers.com

New Customer Application

Return to: billing@cleanfreak.com

SECTION I

Date _____ Sales Rep _____
Legal Business Name _____
Billing Address _____
Street City State Zip
Shipping Address _____
Street City State Zip
Phone Number _____ Fax Number _____
Company Website _____
AP Contact _____ E-mail _____
AP Phone Number _____ Fax Number _____
Purchasing Contact _____ E-mail _____
Purchasing Phone Number _____ Fax Number _____

SECTION II

Entity Type _____ State of Origin _____
Date Established _____ Number of Employees _____
Type of Business _____
Has company or principals ever filed for bankruptcy? _____
Any judgments ever entered against company or principals? _____
Any pending legal actions against company or principals? _____

For Corporation or Limited Liability Comp. please provide Corporate Officers/Members:
Name _____ Title _____
Name _____ Title _____
Name _____ Title _____

For Partnership or Sole Proprietor please provide General Partners or Individual:
Name _____ Name _____
Home Address _____ Home Address _____
City _____ St _____ Zip _____ City _____ St _____ Zip _____
Home Phone _____ Cell _____ Home Phone _____ Cell _____
E-mail _____ E-mail _____

SECTION III

Trade References:
Company _____ Phone Number _____
Company _____ Phone Number _____
Company _____ Phone Number _____
Bank Reference _____ Phone Number _____
Bank Address _____ Contact Name _____

SECTION IV

Anticipated Monthly Purchases _____

Terms Requested ___ COD ___ Credit Card ___ Net 15 ___ Net 30 ___ Other _____

If requesting extended terms beyond Net 30 provide contact information for Controller/AP:

Name _____ Phone number _____

If requesting credit card terms applicant agrees for card to be authorized at the time of order entry.

Credit Card Number _____ Expiration Date _____

Name on Card _____

Email Address for Receipt _____

Purchase Order Required? Yes No Back Order Allowed? Yes No

Priced Delivery Ticket? Yes No Substitutions Allowed? Yes No

Sales Tax Exempt? Yes No **(If Yes, copy of certificate must be submitted)**

Special Instructions _____

Any time or days deliveries cannot be made? _____

TERMS AND CONDITIONS

Applicant hereby affirms that the information provided on this credit application is true and complete to the best of their knowledge and applicant authorizes Kelsan to contact and verify all references.

Any falsified information may result in rescinding of credit. Applicant agrees to pay all invoices in full according to the credit term provided. Applicant agrees that Kelsan shall charge a late charge of 7.5% on all delinquent balances. In the event of default, applicant agrees to pay collection costs up to 30%, reasonable attorney fees, and all court costs. Venue for all transactions shall be the State of Tennessee with jurisdiction in Knox County, Tennessee.

Name _____ (must appear in Sec II) Date _____

Signature _____ Title _____

CONTINUING PERSONAL GUARANTY

In consideration of Seller's agreement to extend credit to Applicant, as identified in Section I of this credit application, the undersigned individual(s) personally guarantee to Seller the payment of any and all current and/or future obligations owed by Applicant to Seller, any sums which may be advanced under application, or any other extension by Seller to Applicant. Applicant further agrees to that in the event of default, Seller shall charge and Applicant agrees to pay collection fees up to 30%, reasonable attorney fees, and all court costs. Venue for all transactions shall be the State of Tennessee with jurisdiction in Knox County, Tennessee.

Name _____

Signature _____ Date _____

Social Security Number _____

Address _____

Name _____

Signature _____ Date _____

Social Security Number _____

Address _____