



PRO Home Supply

Get It From the PROHS!

Customer Application

305 Bear Ridge Circle #102
Palm Harbor, FL 34683
(727) 433-8776
www.theprohs.com

Please **PRINT** or **TYPE** the requested information.

Submit Application to: apply@theprohs.com

LEGAL COMPANY INFORMATION

Company Name: _____ Phone: _____ Fax: _____
e-mail: _____

Street Address: _____
(Street/P.O. Box) (City) (State) Zip

Mailing Address: _____
(Street/P.O. Box) (City) (State) Zip

Parent Co. or Home Office name/address, if different: _____

Type of Business: Proprietorship Corporation State Incorporated _____

Nature of Business: _____ Year Established: _____

Own or Lease: _____ Landlord (name&number): _____ Years at present location: _____

Number Number Are copies of financial
Locations: _____ Employees: _____ Annual Sales: _____ statements available? _____

FEIN: _____ ****MUST INCLUDE RE-SALE CERTIFICATE****

Email Address of Applicant: _____

OFFICERS AND PRINCIPALS

Name: _____ Home Address: _____ Phone: _____ SSN: _____

Name: _____ Home Address: _____ Phone: _____ SSN: _____

CREDIT REFERENCES

Bank: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

INVOICING INFORMATION

Mail invoices to: _____
(Company Name) (Street/P.O. Box) (City) (State) (Zip)

Contact Name: _____ Email: _____ Phone: _____

General Terms and Conditions

1. Invoices are sent upon ordering. 30% of Invoice Due with Purchase Order as Down Payment. Balance of Invoice Due Before Shipment.
2. If invoices are not paid within 30 days of Order Ready to Ship, Full Down Payment is Forfeit to Pro Home Supply.
3. No orders will be accepted if a previous invoice is past due by 10 Days at time of current order.
4. Reasonable collection/attorneys fees may be assessed in order to collect past due money.
5. Returned orders are subject to a 30% restocking fee.

The information provided is for the purpose of obtaining an account and/or establishing credit with Professional Home Supply, LLC. I certify that all information provided is correct. By my signature I am authorizing the release of credit information from the references listed above.

(Signature of Authorized Officer/Principal, Title and Date)

(Please print signed name)

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