RCP SHELTERS, INC.

CREDIT APPLICATION

In making this application for credit, I/we hereby agree that all amounts are payable on or before the net due date as shown on each invoice, and if not paid on or before the said date are then delinquent. Further, I/we agree to pay a delinquency charge of 1.5% per month (calculated on a monthly basis), uncompounded, but not in excess of the lawful maximum rate of interest under State law, on any amount which becomes past due more than 10 days from the net due date appearing on each invoice and thereafter on all such delinquent amount until paid.

COMPANY INFORMATION

Company Name: _____

Address: _____

City, State, Zip _____

Phone: _____

E-mail: _____

Established: _____

DUNS #: _____

BANK REFERENCE

Bank Name: _____

Address: _____

City, State, Zip _____

Phone: _____

Bank Officer: _____

Checking Acct #: _____

If credit is granted, I/we agree to the above terms and the undersigned is/are responsible for payment of the account, and further agree that if my/our account must be placed in the hands of an attorney for collection, or if collection is made through probate proceedings, to pay a reasonable amount in attorney's fees on both the principal and the delinquency charge. All charges are due and payable in full at the offices of RCP Shelters, Inc., in Stuart, FL. All contracts and/or purchase orders are deemed to be made or consummated in Stuart, FL.

In consideration of your extending credit to the above firm at my/our request, I/we hereby personally guarantee the payment of all its obligations to RCP Shelters, Inc., I/we waive all notice of acceptance of the guarantee, notice of the sale of goods, wares and merchandise sold by you to the extension of time for payment of the indebtedness or any portion thereof.

For Credit Approval, Company Must:

- execute a simple PO or sign proposal/order form
- complete unaltered credit application
- signed by officer of the company
- be D&B rated 1 or 2 on scale of 4
- have no suits, liens, or judgments within 5 years
- provide requested project information (see page 2)

AUTHORIZED SIGNATURE _____

PRINT _____

TITLE _____

DATE _____

RCP SHELTERS, INC.

CREDIT APPLICATION

PROJECT INFORMATION

Project Name: _____

Project Address: _____

City, State, Zip _____

County: _____

Type:
- ☐ Private
- ☐ Public
- ☐ Federal

RCP Project # _____

OWNER

Company Name: _____

Address: _____

City, State, Zip _____

Contact: _____

Phone: _____

E-mail: _____

BONDING COMPANY

_____

_____

_____

_____

_____

_____

PRIME CONTRACTOR

Company Name: _____

Address: _____

City, State, Zip _____

Contact: _____

Phone: _____

E-mail: _____

SUBCONTRACTOR

_____

_____

_____

_____

_____

_____

OTHER ITEMS TO PROVIDE

- Copy of payment bond
- Credit references (upon request)