



Customer Service: 972.857.6987

Property Informati		People in your Organization			
Name of Property:		#1) Name:		Cell:	
Address:			Email:		Roll:
City:	State:	Zip:	#2) Name:		Cell:
Accounting Contact			Email:		Roll:
Phone #:	Fa	x #:	#3) Name:		Cell:
Email:			Email:		Roll:
PO Required 🗆 Yes: 🗆 No Tax Exempt 🗖 Yes: 🗖 No			Management Company		
Owner's Name & C	ontact Info	rmation	Name:		
Name:	SS	N or FED ID:	Address:		
Type of Entity: Individual/Sol	e Owner: 🗖 Corp	oration: 🗖 Partnership: 🗖 Other: 🕻	City:	State:	Zip:
Address:			Phone :		Fax #:
City:	State:	Zip:	Email:		
Phone #:	Fa	x #:	Owner or President:		Years in Business:
Email:					
			Trade Reference (Landscape, Flooring, Paint)		
Bank Reference			#1) Name:		#2) Name:
#1) Name:	#2) Name:	Phone #:		Phone #:
Bank Officer:	Ва	nk Officer:	Email:		Email:
Account #:	Ac	ccount #:	#3) Name:		#4) Name:
Phone #:	Ph	none #:	Phone #:		Phone #:
			Email:		Email:

Terms

The undersigned, whether one or more, acknowledges and agrees that all accounts shall be due in full thirty (30) days from the date of the invoice from DeFord's Supply which is located at 4225 Gannon Lane, Dallas TX 75237. A \$35.00 fee will be charged for returned checks. A convenience charge of 3.5% will be added for payment by credit card. In the event that the account is referred to an attorney or collection agency, the undersigned agrees to pay all collection fees, attorney fees, court costs and all applicable fees incurred to secure payment. DeFord's Supply may verify the information supplied on this application and receive and exchange credit information both now and in the future. Applicant agrees to immediately notify DeFord's Supply on any change in status such as but not limited to: name, ownership, management company, authorized purchasers, etc. This agreement is governed and controlled by the law of the State of Texas. Any litigations will be heard in courts located in the County of Dallas, State of Texas, without regard to conflicts that may arise as to the proper venue of litigations.

Agent:

Guarantee:

The undersigned is fully authorized by the Applicant Company to make agreement in order to obtain credit with DeFord's Supply and verifies that the information is true, correct and complete. The undersigned also verifies that DeFord's Supply may rely on the information provided above until a written notice of change is received by DeFord's.

Printed Name:	Signature:
Title:	Date:

In consideration of credit being extended to the above name applicant company, I, as an Agent of this company, commit this Company to pay all indebtedness it incurs. The company shall pay DeFord's Supply when an amount is due and upon demand the full amount of all existing and future indebtedness owed by the company, with applicable interest, expenses of collection and reasonable attorney's fees incurred by reason of applicant's default. The undersigned Agent acknowledges that overdue indebtedness which applicant may hereafter incur, renew, or extend in whole or in part, with DeFord's Supply to their successors, all without notice to the undersigned Agent hereby waives notice of acceptance of the Guarantee and notice of orders, sales, amounts and deliveries to the Applicant Company.

Date:

Printed Name:	Signature:		

Tit	e: