



# Multi Housing Credit Application

For Office Use Only:  
Acct. # \_\_\_\_\_

PO Box 421089 · Kissimmee, FL 34742 · Tel: (407) 933-0023 · Toll Free: (800) 678-0023 · Fax: (407) 540-9406

### Property Information

Business Name: \_\_\_\_\_

Billing Address : \_\_\_\_\_

Street	City	State	Zip Code
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Shipping Address: \_\_\_\_\_

Street	City	State	Zip Code
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Tel. ( ) \_\_\_\_\_ Fax. ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

Number of Units/Rooms: \_\_\_\_ Property Type:  Multi Family  Hospitality  Healthcare  Education  Government  Other:

### Owner or Management Information Owner Operated Fee Management Co.

Business Name: \_\_\_\_\_

Physical Address : \_\_\_\_\_

Street	City	State	Zip Code
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Mailing Address: \_\_\_\_\_

Street	City	State	Zip Code
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Tel. ( ) \_\_\_\_\_ Fax. ( ) \_\_\_\_\_ Contact Name: \_\_\_\_\_

Type of Business :  Sole Proprietorship  Corporation  Partnership  LLC  Government  Other:

Mail Invoices to:  Owner/Management Company  Property  Other:

### Company Principals

Name: \_\_\_\_\_ Title \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_ Email \_\_\_\_\_

### Purchasing Instructions

No Purchase order required  P.O. Required for all purchases  Purchases Require Authorized buyers

### Optional Authorized Purchasers' Name (List only if you wish to regularly maintain authorized purchasers)

Name: \_\_\_\_\_ Title \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

Name: \_\_\_\_\_ Title \_\_\_\_\_

### Bank Reference Acct Type: Checking Savings Loan / Line of Credit

Name of Bank: \_\_\_\_\_ Acct# : \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Bank Officer Name: \_\_\_\_\_

### Trade Reference (List other suppliers of maintenance products such as: Hardware, paint, building supplies. No utilities or service providers)

Mailing Address: \_\_\_\_\_

Street	City	State	Zip Code
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Tel. ( ) \_\_\_\_\_ Fax. ( ) \_\_\_\_\_ Contact Name: \_\_\_\_\_

**Terms of Payment** Invoices are mailed and or faxed daily and are due 30 days from invoice date. If not paid by due date the account is past due and said account balance will accrue interest at the rate of 1.5% per month or 18% annually, until paid in full. Signature indicates that all invoices will be paid according to terms listed above or on invoice and applicant agrees to pay any associated costs to collect past due invoices, including a reasonable attorney's fee. Signature also authorizes all creditors/banks to accept a photocopy of the signature and release credit information to Rapco Supply and/or any of its affiliates.

SIGNATURE : \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

Name (Please Print): \_\_\_\_\_  Management Company Principal  Owner  Other: