



## PROPERTY INFORMATION FORM

**\*\*Please Complete all Sections as Incomplete Forms Cannot be Processed.\*\***

### PROPERTY INFORMATION

Property Name:			
Property Manager:		Email Address:	
Maintenance Supervisor:		Phone Number:	
Street/Mailing Address:			
City/State/Zip:			
Phone Number:		Fax Number:	

### MANAGEMENT COMPANY INFORMATION

Owner Name:	FEIN #:	Owner Managed:	Y	N
Management Company:	Email Address/Website:			
Street/Mailing Address:				
City/State/Zip:				
Phone Number:		Fax Number:		

### ACCOUNTING INFORMATION

Contact:	Amount of Credit Desired within 30 Days:
Email Address:	
Street/Mailing Address:	
City/State/Zip:	
Phone Number:	Fax Number:
Send Invoices to this Location:	Po's Required:

### CREDIT TERMS OF HOUSE OF FLOORS, INC.

- A- Our Terms are Net 30
- B- Any Account over the credit limit will be placed on Credit Hold.
- C- Interest at the rate of 1.5% per month will be charged on all past due balances.
- D- In the event it becomes necessary to place the account with an attorney for collection, the undersigned agrees to pay all collection costs including reasonable attorney fees.
- E- Any suit which arises out of the agreement may be instituted and maintained in court of competent jurisdiction in Orange County, Florida.
- F- Credit shall be extended and payment is due from apartment complex owner and its management company (agent), jointly and severally.

**I understand the credit terms and agree to be bound thereby in the event that credit is granted. I authorize House of Floors, INC. to do a complete credit investigation.**

Authorized Agent For Owner (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Agent for Owner (Signed): \_\_\_\_\_

**Orlando**  
526 Florida Central Parkway  
P.O. Box 522618  
Longwood, FL 32752-2618  
(407) 830-6999 (888) 920-6999  
Fax (407) 830-8657

**Tampa**  
8521 Sunstate Street  
Tampa, FL 33634  
(813) 249-7600 (877) 249-7600  
Fax (813) 886-8845

**Jacksonville**  
11210 Phillips Industrial Blvd East  
Suite 8  
Jacksonville, FL 32256  
(904) 262-6989 (888) 930-6999  
Fax (904) 262-9062

**Palm Beach/Miami**  
1081 Holland Drive  
Boca Raton, FL 33487  
(561) 989-0599 (888) 561-6999  
Fax (561) 989-0299

**Sarasota/Naples**  
P.O. Box 669  
Talleavast, FL 34270  
(941) 752-9924 (866) 203-6999  
Fax (941) 752-2274



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REFERENCES:

Please Complete the Following in full as all requests must be in writing. Your assistance will help expedite your application. All information will be held strictly confidential.

**\*\*Credit References must be vendors that work on-site. Please use any of the following types of vendors as your credit references: Lawn Maintenance, Pest Control, Carpet Cleaners, Painters, Cleaning Services, Countertop Refinishers and Appliance Suppliers.\*\***

Vendor Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorized Buyers: \_\_\_\_\_

Authorized Buyers 2: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please note – HD Supply, Home Depot, and Lowe's do not Provide Credit References. Please do not list these Vendors.\*\***

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