



Serving Central Florida for over 75 years, Gem Supply is dedicated to old-fashioned service, utilizing state of the art systems & techniques to provide rapid delivery of the solutions you require.

Customer Profile & Credit Application

Dear Customer,
Thank you for choosing GEM Supply! We look forward to meeting your needs and establishing a long-term win/win relationship.

Please take time to fill out the credit application and customer profile. The customer profile will help ensure that you receive the best possible service.

GEM Supply offers the following goods and services and we hope that you will take advantage of each of them:

◆ **Supplies**

65,000 sq. ft. warehouse in Orlando stocked with paper, chemicals, equipment, parts & accessories. Locations also in Kissimmee, Lakeland and Tampa.

◆ **Retail**

Conveniently located showrooms, Orlando showroom *OPEN SATURDAY until noon.*

◆ **Equipment**

Extractors, sweepers, buffers, auto scrubbers & vacuums. We offer several high quality name brands, competitive pricing and long or short term equipment rentals and leases.

◆ **Service**

Skilled technicians, providing in-house and on-site repair. We also offer Planned Maintenance & Service agreements for your equipment investments.

◆ **Training**

We realize that employee motivation and training is one of the most important and costly challenges our customers face. Our mission is to relieve the training burden from our customers. At the GEM Learning Center, we offer a complete series of hands-on programs that are designed to develop custodial skills, enhance overall productivity & employee self esteem. We can also provide custom, tailored ON-SITE training programs to meet your individual needs.

◆ **Website**

We have an on-line catalog and ordering available at: www.gemsupply.net

Orlando

1312 W. Washington St.
Orlando, FL 32805

Tel: 407-849-6163
Fax: 407-648-4788

Kissimmee

1513 Damon Avenue
Kissimmee, FL 34744

Tel: 407-933-4008
Fax: 407-933-4060

Lakeland

1802 S. Combee Rd.
Lakeland, FL 33801

Tel: 863-393-9088
Fax 863-665-4619

Tampa

1007 North Himes Ave
Tampa, FL 33607

Tel: 813-877-6677
Fax 813-835-4839

1-800-422-9886

www.gemsupply.net

Customer Profile

Applicant: Corporation ___ Partnership ___ Sole Proprietorship ___ Parent Company Name: _____

Company Name: _____

Bill To: _____ Ship To: _____

Address: _____ Address: _____

City: _____ City: _____

State: _____ Zip _____ State: _____ Zip _____

Buyer's Name: _____

Ph: (____) _____ Fax: (____) _____ Email address: _____

How did you hear about Gem Supply Company? Referral? _____ If so, by whom? _____

Were you contacted by a Gem Supply Representative? _____ If so, by whom? _____

Gem Supply mail out? _____ Yellow pages? _____ Other? _____

Preferred Delivery Method: _____

CONTACTS

Ship to Address: _____ Name/Title _____

_____ Email _____

_____ Phone/Fax _____

Ship to Address: _____ Name/Title _____

_____ Email _____

_____ Phone/Fax _____

Ship to Address: _____ Name/Title _____

_____ Email _____

_____ Phone/Fax _____

Do you accept backorders? _____ Partial Shipments? _____ PO Required? _____

Special Delivery Instructions: _____

Receiving Hours: _____ Contact: _____

Additional contact info: Name _____ Ph: _____

Email: _____ Title: _____

**Please fax both pages of completed form to:
A/R Dept.
(407) 650-8237**

Below Line for Gem Supply use only

Industry Code: _____ Date Opened: _____ By: _____

Sales # _____ Credit Limit \$ _____ Account Number: _____

CREDIT INFORMATION:

Accts Payable Ph: () _____ Accts Payable Fax: () _____

Federal Tax ID # _____ Credit Line Requested _____

Bank Name: _____ Account # _____

Address: _____ Phone # () _____

County: _____ Sales Tax %: _____ or Tax Exempt # _____
(attach certificate)

Trade References:

Company Name _____ Phone _____

Address _____ Fax _____

Company Name _____ Phone _____

Address _____ Fax _____

Company Name _____ Phone _____

Address _____ Fax _____

TERMS OF CREDIT
Required for all applicants

APPLICANT AUTHORIZES VENDOR TO OBTAIN NECESSARY CREDIT INFORMATION AT ANY TIME FROM ANY SOURCES AND AGREES TO PAY FOR PURCHASES ACCORDING TO THE CREDIT TERMS ON VENDOR'S INVOICES OR, IF NONE APPEAR, ACCORDING TO TERMS OF NET 20. APPLICANT AGREES TO A 1-1/2% PER MONTH SERVICE CHARGE, OR THE MAXIMUM ALLOWED BY LAW, WHICHEVER IS LOWER, IF NOT PAID BY THE 20TH DAY FOLLOWING THE PURCHASE. APPLICANT WARRANTS THAT ALL INFORMATION APPEARING ON THIS FORM IS TRUE AND CORRECT AS OF THE DATE BELOW AND AGREES TO NOTIFY VENDOR IN WRITING WITHIN 30 DAYS OF ANY CHANGE IN BUSINESS ORGANIZATION, FINANCIAL CONDITION OR CONTROLLING OWNERSHIP. IN CONSIDERATION OF ANY EXTENSION OF CREDIT BY GEM SUPPLY CO. SHOULD ANY INDEBTEDNESS NOT BE PAID IN ACCORDANCE WITH THE TERMS OF CREDIT, THE FEES AND COSTS SHALL BE BROUGHT OR NOT. THIS AGREEMENT IS INTERPRETED AND GOVERNED BY THE LAWS OF THE STATE OF FLORIDA.

APPLICANT : _____ BY (SIGNATURE): _____
Print Name

DATE: _____ TITLE: _____

PERSONAL GUARANTY
Required for Sole Proprietorships & Partnerships

IN CONSIDERATION OF THE EXTENSION OF CREDIT TO THE APPLICANT NAMED HEREIN, BY GEM SUPPLY CO., THE UNDERSIGNED, AS INDIVIDUAL(S) AND NOT AS CORPORATE OFFICERS, JOINTLY, SEVERALLY AND UNCONDITIONALLY GUARANTEES AND PROMISES TO PAY ALL AMOUNTS DUE AND OWED BY THE APPLICANT TO GEM SUPPLY CO. THIS IS A CONTINUING GUARANTY AND OBLIGATIONS ARISING HEREUNDER SHALL NOT BE AFFECTED BY ANY CHANGE IN TERMS OF INDEBTEDNESS, THE EXTENSION OF CREDIT BEYOND AMOUNTS SPECIFIED HEREIN, A CHANGE IN THE TERM OR TIME OF THE PAYMENT, A CHANGE IN THE FORM OF INDEBTEDNESS OR THE ACCEPTANCE OF SECURITY OR COLLATERAL. VENDOR SHALL NOT BE REQUIRED TO EXHAUST ANY REMEDIES AGAINST APPLICANT PRIOR TO EXERCISING RIGHTS GRANTED HEREBY. IF IT SHOULD BECOME NECESSARY TO COLLECT SUMS DUE BY ENFORCING THE TERMS OF THIS CREDIT AGREEMENT AGAINST APPLICANT AND/OR AGAINST GUARANTORS), THE UNDERSIGNED INDIVIDUALS, JOINTLY, SEVERALLY AND UNCONDITIONALLY GUARANTY AND AGREE TO PAY ALL COSTS, INCLUDING REASONABLE ATTORNEY'S FEES AT BOTH THE TRIAL AND APPELLATE LEVELS.

GUARANTOR: _____ GUARANTOR : _____

WITNESS: _____ WITNESS: _____

If your business is a sole proprietorship or partnership please provide the following information:

Owner(s) Name(s) _____

SSN #(s) _____

Address _____

City, St, Zip _____

Home Phone # _____