



A Construction Resources Company

Builder Specialties, Inc. dba ARD DISTRIBUTORS
 Account Agreement for a Business Account
 1600 NW 159th Street., Miami, FL 33169
 Tel. 800-654-7721; Credit Fax 800-624-8890
 email: credit@ARDonline.com

Salesman: _____ ARD Branch: _____ Cust. Type: _____ Mgt. Co.: _____ Requested Credit Line: \$ _____

APPLICANT / PRINCIPAL DEBTOR: (AS PER THE SECRETARY OF STATE RECORDS)			
Property or Business Name: _____			
Address (Must provide a physical address in addition to a P.O. Box)			
City: _____		State: _____	ZIP: _____
FAX: _____	Phone: _____	Email: _____	
<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	DATE BUSINESS BEGAN OR INCORPORATED: _____
<input type="checkbox"/> LLC	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> OTHER:	
NAME(S) OF PREVIOUS BUSINESSES		*ARTICLE OF INCORPORATION NUMBER: _____	
OWNER OR MANAGEMENT INFORMATION : <input type="checkbox"/> Owner <input type="checkbox"/> Fee Management Co. Date Property Purchased: _____			
Total Properties Owned / Managed: _____		Total Units Owned / Managed: _____	Years in Business: _____
Business Name: _____			
Address: _____		City: _____	State: _____ ZIP: _____
P.O. Box: _____		City: _____	State: _____ ZIP: _____
Phone: _____		FAX: _____	
Type of Business: <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> CORP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHER:			
Company Principal Name & Title: _____			
Address: _____		City: _____	State: _____ ZIP: _____
Company Principal Name & Title: _____			
Address: _____		City: _____	State: _____ ZIP: _____
BANK & LOAN INFORMATION: (Application will not be processed without account numbers)			
Primary Bank and Branch: _____			
Account #: _____		Phone: _____	FAX: _____
Secondary Bank and Branch: _____			
Account #: _____		Phone: _____	FAX: _____
CONSTRUCTION TRADE INFORMATION: (Application will not be processed without this information)			
Business Name: _____			
Address: _____		Phone: _____	FAX: _____
Business Name: _____			
Address: _____		Phone: _____	FAX: _____
Business Name: _____			
Address: _____		Phone: _____	FAX: _____

The undersigned disclaims any exemption associated with contracting for a disclosed principal and further agrees that it shall be liable to Builder Specialties, Inc. d/b/a ARD Distributors for any and all liabilities, contractual or otherwise, for which either the property owner or it may become liable. The entity which executes this Credit Application/Account Agreement agrees that it shall be liable to Builder Specialties, Inc. d/b/a ARD Distributors for any and all monies owed for goods and services furnished pursuant to this Credit Application/Account Agreement. Builder Specialties, Inc. d/b/a ARD Distributors reserves the right to seek redress against any other entity, including the owner, for monies owed.

Title: Management Company Principal Property Owner Other:

Name: _____ Title: _____

Email Address: _____

Signature: _____ Date: _____