



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](mailto:credit@ARDonline.com)

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

<b>APPLICANT / PRINCIPAL DEBTOR: (AS PER THE SECRETARY OF STATE RECORDS)</b>			
<b>Property or Business Name:</b> _____			
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: _____	
<b>OWNER OR MANAGEMENT INFORMATION:</b> <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: _____
P.O. Box: _____		City: _____	State: _____
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: _____
Company Principal Name & Title: _____			
Address: _____		City: _____	State: _____
<b>BANK &amp; LOAN INFORMATION: (Application will not be processed without account numbers)</b>			
Primary Bank and Branch: _____			
Account #: _____		Phone: _____	FAX: _____
Secondary Bank and Branch: _____			
Account #: _____		Phone: _____	FAX: _____
<b>CONSTRUCTION TRADE INFORMATION: (Application will not be processed without this information)</b>			
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: \_\_\_\_\_