

# CLOVERLEAF CORPORATION

PO Box 7268  
Sun City, FL 33586

Phone: (813) 649-1336  
FAX: (813) 645-5577

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## **TRANSMITTAL**

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DEAR CUSTOMER:

In order to help us serve you better, please complete and return via FAX the attached credit application. If you have any special billing procedures (e.g. require multiple copies of invoice, invoices do not go to shipping address, invoices should be sent to an out-of-state corporate headquarters), please be sure to let us know.

Our company policy is to only accept written Purchase Orders that detail the materials ordered. Please refer to the Cloverleaf quote number in your PO. It is also our policy to receive a completed Notice to Owner Information Sheet (attached) prior to shipping the order. Please be sure to give us the phone number of someone at the shipping destination.

Our standard terms are Net 30. Payments received late will be subject to interest payments at the rate of the higher of the state allowed maximum or 18.5% per annum. For your convenience, we also accept VISA, MasterCard, American Express and Discover.

If you are tax exempt, please furnish a copy of your certificate with this application.

We look forward to doing business with you!

Sincerely,

CLOVERLEAF CORPORATION

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## CREDIT APPLICATION

Applicant Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Physical Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

Business Type \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_  
Year Founded \_\_\_\_\_ Years of current ownership \_\_\_\_\_ Federal Tax Number \_\_\_\_\_

Name of Principals or Corporation Offices:  
\_\_\_\_\_  
\_\_\_\_\_

CONTACT FOR ACCOUNTS PAYABLE \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Bank Officer's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Bank Officer's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### TRADE REFERENCES

COMPANY NAME	SINCE	CONTACT	PHONE	FAX
1 _____	19____	_____	(____) _____	(____) _____
2 _____	19____	_____	(____) _____	(____) _____
3 _____	19____	_____	(____) _____	(____) _____
4 _____	19____	_____	(____) _____	(____) _____

The information appearing above is provided for the purpose of obtaining credit. I certify that the information contained is accurate and complete as of the date submitted. All payments are due as quoted from time to time. Payments received late will be subject to interest payments at the rate of the higher of the state allowed maximum or 18.5% per annum. If you are tax exempt, please furnish a copy of your certificate with this application.

By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Vers. 1/04

# CLOVERLEAF CORPORATION

1916 South Tamiami Trail, Ruskin, FL 33570 \* Phone (813) 649-1336

## NOTICE TO OWNER INFORMATION SHEET

Project Name \_\_\_\_\_

Project Location \_\_\_\_\_

\_\_\_\_\_

Legal Description \_\_\_\_\_

\_\_\_\_\_

P.O. # \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Owner's Name \_\_\_\_\_

Owner's Address \_\_\_\_\_

\_\_\_\_\_

Prime Contractor \_\_\_\_\_

Prime Contractor Address \_\_\_\_\_

\_\_\_\_\_

Surety Name \_\_\_\_\_

Surety Address \_\_\_\_\_

\_\_\_\_\_

Bond Number \_\_\_\_\_

Please return to Cloverleaf Corporation via FAX 813-645-5577. It is our company's policy that Notice to Owner Information is furnished to us prior to order being shipped. Thank you for your attention to this matter.