

# Client Information Sheet



Sales Representative: \_\_\_\_\_

Please Check One:  Individual  Partnership  Corporation      Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

If a Golf or Country Club, is it member Owned?  Yes  No

Sales Tax Rate: \_\_\_\_\_

Sales Tax Exempt?  Yes  No Tax Exempt #: \_\_\_\_\_ (If sales tax exempt, please attach exemption form)

Delivery Address: \_\_\_\_\_

County: \_\_\_\_\_ Within City Limits?  Yes  No

Within Police Jurisdiction?  Yes  No If YES, What Jurisdiction: \_\_\_\_\_

Other :  Yes  No If YES, explain Police Jurisdiction, Empire Zone, etc.: \_\_\_\_\_

Are you a MUNICIPALITY or owned by a MUNICIPALITY?  Yes  No

## General Information:

Type of Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_ Years at Present Location: \_\_\_\_\_

## Name of Owners or Officers:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

By signature I certify to the best of my knowledge, the accuracy of the information provided herein and agree to notify Harrell's LLC of any changes in this information. I understand that Harrell's LLC retains title to the merchandise until fully paid for. Attorney fees, collection fees and court costs are to be paid by applicant if legal action is instituted for the collection of the invoice. The applicant and all Guarantors waive any and all rights to venue under Chapter 47, Florida Statutes, including any amendments thereto, agree that any action brought to collect on the account shall be brought in any court of competent jurisdiction in Polk County, Florida and waive all rights to a jury trial.

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Harrell's P.O. Box 807 · Lakeland, FL 33802 · 800.282.8007 · Fax 863.583.0695