



Please complete and submit electronically or if you prefer, complete, print and return via fax to: 904.448.4076
 If you have any questions please email us at: pppaccounting@pppcatalog.com

9556 Historic Kings Road S., Suite #401 · Jacksonville FL 32257
 Toll Free: 888.717.7771 · Fax: 904.448.4076

JobFlex™ EZ Form

Business Information:

Name of Business: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Today's Date: ____ / ____ / ____ Job Name: _____

Job Address: _____

City: _____ State: _____ Zip: _____ County: _____

Date of first delivery of material or beginning of service and/or labor furnished: ____ / ____ / ____

Quote # _____ Quote amount: \$ _____

(All JobFlex EZ Forms require a quote from PPP with materials that will be needed for this job and this job only)

Payment Terms with Customer: Billing Cycle _____ (i.e. Bill on the 20th paid on the 15th)

Net 30 Other _____

Estimated Job Start Date: ____ / ____ / ____ Estimated Job Completion: ____ / ____ / ____

Type of work being done:

SaferRoads™ Structural Delineation Devices

AlertBrands™ Visual Delineation Devices

RoadVista® Signs and Marking Assessment Equipment

GuideLine™ Pavement Marking Material

Other _____

For this project I am the: Owner General Contractor / Prime Sub Contractor

2nd Tier Sub Contractor 3rd Tier Sub Contractor

If you are the General Contractor for this Project, please provide name, address and phone number for the following: Your Customer · Owner of Property · Relevant Bond info

If you are a Sub Contractor for this Project, please provide name, address and phone number for the following: General Contractor · Your Customer · Owner of Property · Relevant Bond info

***Your Customer:** _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: () _____ Fax: () _____ Email: _____

(*If you are not the General or Prime Contractor)

General / Prime Contractor Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: () _____ Fax: () _____ Email: _____

Owner / Agency Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: () _____ Fax: () _____ Email: _____

***Bonding Agency:** _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone: () _____ Fax: () _____ Email: _____

Bond #: _____

(*If public property bonding information is required, including the bond number)

It takes 48-72 hours to process completed Job-Flex™ EZ Form. Incomplete Job Flex™ EZ Form will delay approval process. Unless otherwise notified JobFlex account will be closed to purchases 15 days after estimated completion date or 60 days after jobflex is approved if no purchases have been made.

JobFlex account terms are net 45 If this account goes past these terms a 1.5% monthly finance charge will be added and could suspend purchase ability on all open accounts If a lien is placed on this property due to non-payment on this account a \$150 administrative fee will be added along with any costs associated with filing the lien.

Bonded jobs not paid within terms will incur any costs associated with sending a notice of non payment and submitting a claim against the bond

TERMS OF ACCEPTANCE AND SIGNATURE

I, the applicant, for this credit application, warrant the truthfulness of the information provided in this application.

Electronic Signature *

(Please type your First and Last Name)

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above Terms of Acceptance.

Preferred Method of Contact: Telephone Fax Email

Date: ____ / ____ / ____

Authorized Signer Title: _____

Telephone: () _____ Fax: () _____ Email: _____

**If you have any questions, please contact our Credit Specialist at (904) 448-4074 x 21
Email to us at: pppaccounting@pppcatalog.com or fax to us at: (904) 448-4076**