

# Customer Credit Application

All Florida Paper, LLC | 9150 NW 105th Way; Medley, FL 33178

**Fax: 786-369-4508 | Phone: 786-369-4640 | Email: nleon@allfloridapaper.com**



## General Information

		( ) -	( ) -	
Applicant (Full Name)	DBA	Phone	Fax	Assigned DSR
Physical Address			City	State
			Zip	Years in Business
Billing Address (if different from above)			City	State
			Zip	State of Origin
Federal Tax ID	Sales Tax Certificate No.	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> PLC <input type="checkbox"/> Other _____		
		Entity Type		

## Applicant's Director / Officers / Principal

Principal's Full Name		Titles		Percentage Ownership
				( ) -
Home Address		City	State	Zip
				Phone
Principal's Full Name		Titles		Percentage Ownership
				( ) -
Home Address		City	State	Zip
				Phone

## Bank References

Bank Name		Bank Address		City	State	Zip
				( ) -	( ) -	
Account No.	Contact Person	Phone		Fax		

## Trade References

Vendor Name		Account No.	Contact Person	Phone	Fax
				( ) -	( ) -
Vendor Name		Account No.	Contact Person	Phone	Fax
				( ) -	( ) -

### Terms and Conditions

**Terms & Title:** Terms and sale are specified in each invoice. If not stated, payment is due based on terms reflected on invoice. Interest accrues on the unpaid balance at the rate of 18% per annum, calculated at 1.5% per month, including post-judgment, not to exceed state and federal laws. You (Applicant) agree to pay all costs of collection incurred by All Florida Paper, LLC. or its assignee (We or US), including attorneys' fees and costs. We may terminate or modify credit availability at any time without advance notice to you. We retain title to all goods delivered until payment is made in full.

**Jurisdiction; Venue; Governing Law:** This Application, the guaranty and the transactions between the parties shall be governed by the State of Florida. You, We and Guarantor waive the right to trial by jury of any controversy arising in connection within this Application, the guaranty and the transactions between us. You, We and Guarantor irrevocably submit to the nonexclusive jurisdiction of the courts of the State of Florida and consent and submit to venue in any state or federal court in Miami-Dade County, Florida.

**Authority & Certification:** By signing below, the signer certifies that he/she has the authority to bind Applicant to the Terms and Authorizations, and that all statements in this application are true and complete, and are made for the purpose of obtaining credit.

**Authorization:** You authorize us or our agent to contact the above trade references and your bank references in order to discuss your creditworthiness. If you are a partnership or a sole proprietor, you authorize us to obtain credit reports on you and your partners or principals.

**Shortages:** It is agreed that any claims for shortages or non-conformity will be made in writing within five business days after shipment.

**Storage:** In the event that the undersigned does not take immediate delivery of the product, We shall charge a reasonable rate of storage per week or fraction thereof after a reasonable time period to take possession of the product lapses. A reasonable time frame shall be defined as five (5) business days. After that, We may charge a storage rate. Furthermore, We shall not be liable or responsible for the degradation of the product. Applicant warrants and covenants that time is of the essence in taking delivery of the product.

**Liability Exclusion/Warranty Disclaimer:** You, understand that We are not and will not be liable for indirect, special, incidental, consequential or other damages of any kind, no matter what cause. (SOME STATES DO NOT ALLOW THE EXCLUSION OF INCIDENTAL OF CONSEQUENTIAL DAMAGES, SO THIS EXCLUSION MAY NOT APPLY TO US.). Any oral agreement, statement, representation, or discussion to the contrary, notwithstanding We in any and all past, present, or future dealings with us excludes any and all **IMPLIED WARRANTIES OF ANY TYPE INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY AND/OR FITNESS FOR A PARTICULAR PURPOSE.**

Authorized Signer \_\_\_\_\_ **TO SIGN MANUALLY** Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Title of Signer \_\_\_\_\_

The undersigned person (Guarantor) hereby guarantees absolutely and unconditionally to pay All Florida Paper, LLC. or its assignee the prompt payment of all debts and obligations and all sums of money now unpaid and/or which may hereafter be unpaid by Applicant to All Florida Paper, LLC. including interest, attorneys' fees and costs, when due without notice. Guarantor also authorizes All Florida Paper, LLC. to contact Guarantor's trade and bank references, and investigate Guarantor's personal credit to determine overall viability and establish credit worthiness pursuant to this guaranty. Guarant herein waives all notice, presentment and demand for payment of any debts of the Applicant. This instrument shall be considered as a GENERAL AND CONTINUING GUARANTEE of PAYMENT which is UNCONDITIONAL AND SHALL CONTINUE INDEFINATELY UNTIL CANCELLED BY MUTUAL WRITTEN AGREEMENT of all the parties hereto. This Guarantee is not conditioned or contingent on All Florida Paper, LLC., upon pursuit of any remedies against Applicant, or any other person, collateral, surety, security or lien. The Guarantor hereby waives any benefit of any statute of limitations affecting their liability.

Guarantor \_\_\_\_\_ **TO SIGN MANUALLY** SS# \_\_\_\_\_ Residence / Origin \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

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To help us better service your account, take a few minutes to complete this customer information form.

**Thank you for your business.**

## Account Information

Customer Name	Account No. (if available)
---------------	----------------------------

Accounts Payable Contact		Purchasing/Management Contact	
Full Name		Full Name	
Phone ( ) -		Phone ( ) -	
Fax ( ) -		Fax ( ) -	
E-mail		E-mail	

Company Web Address

Company/Marketing Email

\* Your email is used to to send weekly featured products and special exclusive promotions

Chain Business/Group Purchasing	
Member of a chain or GPO?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If Yes, which one

How Can We Best Serve You?
Statement No. 1
Statement No. 2

Nature of Your Business <i>(Check all that apply)</i>	
Building Services Contractors	<input type="checkbox"/>
Education	<input type="checkbox"/>
Export	<input type="checkbox"/>
Food Service	<input type="checkbox"/>
Grocery	<input type="checkbox"/>
Healthcare	<input type="checkbox"/>
Janitorial and Sanitation	<input type="checkbox"/>
Laundry	<input type="checkbox"/>
Lodging	<input type="checkbox"/>
Redistribution	<input type="checkbox"/>
Warewash	<input type="checkbox"/>

Interested in any Programs? <i>(Check all that apply)</i>	
Best Practices Training	<input type="checkbox"/>
Food Service Sanitation Program	<input type="checkbox"/>
Grocery Retail Program	<input type="checkbox"/>
Grocery Sanitation Program	<input type="checkbox"/>
Laundry Program	<input type="checkbox"/>
Towel and Tissue Program	<input type="checkbox"/>
Warewash Program	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Monthly Purchases
\$

Average Monthly Purchases

Can You Refer Anyone to Us?		
Full Name		
Company Name		
Email Address		
Phone		
Address Line 1		
Address Line 2		
City	State	Zip

## Delivery Instructions

Times for deliveries?

M  T  W  TH  F  
Days for deliveries? (check all that apply)

Yes  No  
Do you accept deliveries on tractor trailers?

**Deliveries will arrive according to this schedule**  
**Holiday delivery schedules may vary**

Special Delivery Instructions

Additional notes and/or comments

Form completed by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Print Name

**\*\* Please provide us with a current copy of your sales tax certificate\*\***