

Customer Credit Application

All Florida Paper, LLC | 4121 W 91 PL, Hialeah, FL 33018

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		
		☐ Corporation ☐ Partnership ☐ LLC ☐ PLC ☐ Other _____		
Federal Tax ID	Sales Tax Certificate No.	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 INDEFINITELY 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	Chain Business/Group Purchasing	How Can We Best Serve You?
	Member of a chain or GPO? ☐ Yes ☐ No	Statement No. 1
Company/Marketing Email	If Yes, which one	Statement No. 2
* Your email is used to to send weekly featured products and special exclusive promotions		

Nature of Your Business (Check all that apply)	Interested in any Programs? (Check all that apply)	Can You Refer Anyone to Us?
Building Services Contractors ☐	Best Practices Training ☐	Full Name
Education ☐	Food Service Sanitation Program ☐	Company Name
Export ☐	Grocery Retail Program ☐	Email Address
Food Service ☐	Grocery Sanitation Program ☐	Phone
Grocery ☐	Laundry Program ☐	Address Line 1
Healthcare ☐	Towel and Tissue Program ☐	Address Line 2
Janitorial and Sanitation ☐	Warewash Program ☐	City State Zip
Laundry ☐	Other: ☐	
Lodging ☐	Monthly Purchases	
Redistribution ☐	\$	
Warewash ☐	Average Monthly Purchases	

Delivery Instructions

Times for deliveries?	Days for deliveries? (check all that apply)	Do you accept deliveries on tractor trailers?
	☐ M ☐ T ☐ W ☐ TH ☐ F	☐ Yes ☐ No
Deliveries will arrive according to this schedule		Special Delivery Instructions
Holiday delivery schedules may vary		

Additional notes and/or comments

Form completed by _____ Title _____ Date _____

Print Name

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