SOUTH FLORIDA TISSUE PAPER

5590 NW 163rd ST MIAMI, FL 33014 PHONE 305-685-4875 FAX 305-685-4919

Credit Application

				1	1	
Legal Company Name			DBA		 ГЕ	
Billing Address		email	Ship-To Address	ema	il	
City	State	Zip	City	State	Zip	
Phone #	Fax #		Phone #	Fax #		
Registered in			Federal ID #			
Type of Business: 🛛	Corporation	Partnership	Sole-Proprietorship	LLC 🛛 Other		
Business Description	:		Date Establis	hed:		
Principal or Owner		Title	Principal or Owner	Title	2	
Address		email	Address	ema	il	
City	State	Zip	City	State	Zip	
Phone #	SS #		Phone #	SS #		
Trade Reference		Contact	Trade Reference	Con	tact	
Address		Account #	Address	Acc	Account #	
City	State	Zip	City	State	Zip	
Phone #	Fax #		Phone #	Fax #		
Trade Reference		Contact	Bank Reference	Con	tact	
Address		Account #	Address	Acc	Account #	
City	State	Zip	City	State	Zip	
Phone #	Fax #		Phone #	Fax #		

FAX BACK TO: 305-685-4919

Billing Information:						
Accounts Payable Contact	Phone	email	Purchasing Contact		phone	email
Do you require Purchas	e Order Numbers? 🛛 `	Yes 🗖 No	Number of Invoices required			
Do you have any special	billing requirements?					
Estimated Monthly Req	uirements \$	_Estimated	Annual Sales \$	Enclose	Current Finan	cial Statement
Has this company, its officers or principal owners ever declared bankruptcy of any kind?YesNo If yes, please give details						
Tax Information: —						
Taxable I Nor	-Taxable or Exempt		Reason			
Sales Tax Number			State			

Please complete enclosed Multi-State Exemption or provide your signed copy.

(If material non-taxable because of Tax-Exempt Project you must provide us with the applicable Project exemption for each job)

Credit Terms and Agreement:

Past due amounts are subject to a finance charge of 1-1/2% per month or the maximum rate allowed by State Law. If collection of this account becomes necessary, I/We agree to pay all costs of collection, including, but not limited to reasonable attorney's fees and cost of suit incurred. Returned materials will be subject to a restocking charge. Returned checks are subject to return check fees. When Credit is extended, it is contingent upon prompt payment, according to the agreed upon terms and will be restricted by a credit limit – to be determined by the Credit Department. Open credit may be withdrawn at any time. All credit arrangements are subject to periodic review. The venue of civil resolution of disputes over payment will be chosen by **South Florida Tissue Paper**.

Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. The information on this application is for the purpose of attaining credit and is warranted to be true. I/We understand that approval for credit is based on a complete review of all information submitted and I/WE authorize and release approval for you to investigate all bank and trade references. The undersigned officer warrants that he or she is authorized to execute this application.

Signature	Name	Title	Date
Signature	Name	Title	Date
	~		

Personal Guarantee & Consumer Credit Authorization:

I/we of ______ company agree to personally assume all liabilities, present and future contracted to herein including but not limited to: all open account sales, all written and verbal contracts secured and unsecured and any other sales transaction for the duration of our business relationship with **South Florida Tissue Paper**.

Signature

Name

The undersigned hereby consent(s) to South Florida Tissue Paper and their agents use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) South Florida Tissue Paper and their agents to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as [an] individual(s) hereby knowingly consent to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @1681 et seq..

Signature

Name

Date

Date

2 Business name/disregarded entity name, if different from above 3 Check appropriate box for federal tax classification; check only one of the following seven boxes: 1 Individual/sole proprietor or 1 C Corporation Partnership Trust/estate 1 Individual/sole propriate box for federal tax classification; check only one of the following seven boxes: 1 Individual/sole proprietor or 1 C Corporation S C Corporation, P=partnership Trust/estate 1 Individual/sole propriate box for federal tax classification (C=C corporation, S=S corporation, P=partnership) Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for 4 Exemption from FATCA reporting Cother (see instructions) 5 Address (number, street, and apt. or suite no.) 6 City, state, and ZIP code 7 List account number(s) here (optional) Part II Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other rulties, it is your employer identification number (EIN). If you do not have a number, see How to get a TW on page 3. Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter. Part II Certification		1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
• Original individual/sole proprietor or individual/sole protor individual/sole protor individual/sole proprietor or individ	ge 2.	2 Business name/disregarded entity name, if different from above			
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City, state, and ZIP code To code		□ Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)		
City, state, and ZIP code To code	pecifi	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)		
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Part II Certification			4 for Employer	-	
	Par	t II Certification	· · ·		

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign	Signature of
Here	U.S. person ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted. **Future developments**. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption taxpayer identification number (ATIN), or employer identification number (TIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- · Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)

Date <

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- · Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

