

# SOUTH FLORIDA TISSUE PAPER

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

## Credit Application

Legal Company Name _____	DBA _____ / _____ / _____ DATE
Billing Address _____ email _____	Ship-To Address _____ email _____
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 Established: \_\_\_\_\_

<table border="0"><tr><td>Principal or Owner _____</td><td>Title _____</td></tr><tr><td>Address _____</td><td>email _____</td></tr><tr><td>City _____</td><td>State _____ Zip _____</td></tr><tr><td>Phone # _____</td><td>SS # _____</td></tr></table>	Principal or Owner _____	Title _____	Address _____	email _____	City _____	State _____ Zip _____	Phone # _____	SS # _____	<table border="0"><tr><td>Principal or Owner _____</td><td>Title _____</td></tr><tr><td>Address _____</td><td>email _____</td></tr><tr><td>City _____</td><td>State _____ Zip _____</td></tr><tr><td>Phone # _____</td><td>SS # _____</td></tr></table>	Principal or Owner _____	Title _____	Address _____	email _____	City _____	State _____ Zip _____	Phone # _____	SS # _____
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FAX BACK TO: 305-685-4919

**Billing Information:**

Accounts Payable Contact Phone email Purchasing Contact phone email

Do you require Purchase Order Numbers?  Yes  No Number of Invoices required \_\_\_\_\_

Do you have any special billing requirements? \_\_\_\_\_

Estimated Monthly Requirements \$ \_\_\_\_\_ Estimated Annual Sales \$ \_\_\_\_\_ Enclose Current Financial Statement

Has this company, its officers or principal owners ever declared bankruptcy of any kind? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please give details. \_\_\_\_\_

**Tax Information:**

Taxable  Non-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 Date

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

Signature Name Date



