

# Quantum Storage Systems

Quantum Storage Systems  
15800 NW 15th Ave, N Miami Bch, FL 33169  
Phone: 800-685-4665 Fax: 305-688-2790



<b>To:</b>	Purchasing / Payables Dept	<b>From:</b>	<i>Quantum Storage Systems</i>
	@		<i>Credit Dept / Order Entry</i>
<b>Fax:</b>		<b>Date:</b>	
<b>Phone:</b>		<b>Pages:</b>	
<b>Re:</b>	<i>Quantum Credit App</i>	<b>CC:</b>	<i>Credit Dept.</i>

**Urgent** For Review Please Comment **Please Reply** Please Recycle

Dear Customer:

Thank you for allowing Quantum Storage Systems to be of service to you!

Enclosed please find a copy of our credit application. Kindly complete all pages and return the signed credit application via fax to 954-281-3820 or by email to Margaret Davis at [MargaretD@quantumstorage.com](mailto:MargaretD@quantumstorage.com).

**\*Account set up process CAN NOT be completed without a signed Quantum credit application.**

Please allow 3 to 7 days to process, while we obtain credit approval.

To better assist you, Quantum also accepts Visa, Mastercard, or American Express. Credit card payments allow for immediate order processing.

If you have any questions, you may contact Margaret Davis in the Credit Department at 1-800-685-4665 (Ext 209).

We appreciate your business!!

**Thank You**

## IMPORTANT NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER LAW. IF THE READER IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE UNITED STATES POSTAL SERVICE. THANK YOU.

# CREDIT APPLICATION

COMPANY INFORMATION			
LEGAL COMPANY NAME:		TRADE NAME OR D/B/A:	
ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS/WEBSITE:	
TYPE OF BUSINESS (CIRCLE ONE): <b>MANUFACTURING</b> <b>WHOLESALE</b> <b>RETAIL</b> <b>OTHER</b> _____			
TYPE OF ENTITY (CIRCLE ONE): <b>SOLE PROPRIETORSHIP</b> <b>PARTNERSHIP</b> <b>CORPORATION</b> <b>LLP</b> <b>LLC</b>			
IF A CORPORATION OR LLC, DATE OF INCORPORATION OR FORMATION:			
FEDERAL TAX I.D. NUMBER:		STATE TAX I.D. NUMBER ( <i>FLORIDA BUSINESSES ONLY</i> ):	
* SALES TAX OF 6.5% WILL APPLY TO ANY AND ALL GOODS OR SERVICES DELIVERED OR PERFORMED WITHIN THE STATE OF FLORIDA. (INCLUDING 'DROP-SHIPMENTS') IF EXEMPT, PLEASE ATTACH A COMPLETED <b>FLORIDA BLANKET CERTIFICATE OF RESALE</b> .			
NUMBER OF YEARS IN BUSINESS:		NUMBER OF YEARS UNDER CURRENT MANAGEMENT:	
DOES THE COMPANY OWN OR RENT ITS FACILITIES?		IF RENT, OWNER/LANDLORD'S NAME:	
PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS			
NAME:		ADDRESS:	SOCIAL SECURITY #:
NAME:		ADDRESS:	SOCIAL SECURITY #:
TRADE REFERENCES			
<small>NOTE: IF YOUR COMPANY HAS PREPRINTED CREDIT INFORMATION, PLEASE ATTACH HERETO. HOWEVER, THE COMPANY INFORMATION, PERSONAL INFORMATION OF OFFICERS, PARTNERS, OR GUARANTORS, AND THE CREDIT APPLICATION AND SALES AGREEMENT SECTIONS OF THIS APPLICATION MUST BE COMPLETED.</small>			
COMPANY:	CONTACT:	PHONE#:	FAX#:
EMAIL ADDRESS FOR CONTACT:			
COMPANY:	CONTACT:	PHONE#:	FAX#:
EMAIL ADDRESS FOR CONTACT:			
COMPANY:	CONTACT:	PHONE#:	FAX#:
EMAIL ADDRESS FOR CONTACT:			
COMPANY:	CONTACT:	PHONE#:	FAX#:
EMAIL ADDRESS FOR CONTACT:			

<b>BANK REFERENCES</b>			
BANK/BRANCH:	ACCOUNT NUMBER:	PHONE#:	FAX#:
BANK/BRANCH:	ACCOUNT NUMBER:	PHONE#:	FAX#:
DOES A BANK, INSURANCE COMPANY, OR OTHER CREDITOR HOLD A SECURITY INTEREST IN YOUR ACCOUNTS RECEIVABLE AND/OR INVENTORY FOR LOANS ADVANCED? (CIRCLE ONE) <b>Y</b> <b>N</b>			
IF YES, STATE NAMES OF SECURITY INTEREST HOLDERS:			
<b>FINANCIAL STATEMENTS</b>			
PLEASE ATTACH A COPY OF YOUR MOST RECENT AUDITED ANNUAL FINANCIAL STATEMENTS OR SEC FORM 10K			
<b>CREDIT APPLICATION PROVISIONS AND SALES AGREEMENT</b>			
<p>THE TERMS AND CONDITIONS OF THIS APPLICATION SHALL, UPON EXTENSION OF CREDIT BY GRADUATE PLASTICS D/B/A M&amp;M PLASTICS AND QUANTUM STORAGE SYSTEMS, ITS SUCCESSORS OR ASSIGNS (HEREAFTER REFERRED AS "THE COMPANY") CONSTITUTE AN AGREEMENT OF SALE. THE APPLICANT AGREES TO BE BOUND TO THE TERMS AND CONDITIONS STATED IN THIS APPLICATION. THE PAYMENT TERMS FOR ALL SALES OF GOODS OR SERVICES WILL BE STATED ON THE COMPANY'S INVOICE. THE FAILURE TO PAY ON THE DUE DATE ON EACH INVOICE SHALL DEEM THE DEBT TO BE DELINQUENT, IN WHICH CASE THE COMPANY MAY CHARGE INTEREST, THE OF THE LOWER OF (A) ONE AND ONE HALF PERCENT PER MONTH OR (B) THE HIGHEST RATE PERMITTED BY LAW ON THE DELINQUENT BALANCE UNTIL PAID. IN THE EVENT OF A DELINQUENCY, THE COMPANY MAY RECOUP ANY DISCOUNTS TO BE APPLIED TO THE APPLICANT'S DEBT. ALL COLLECTION EXPENSES AND ATTORNEY'S FEES, AT BOTH TRIAL AND APPELLATE LEVELS, IN CONNECTION WITH THE COLLECTION OF THE DELINQUENT DEBT SHALL BE DUE AND PAYABLE BY THE APPLICANT. THE PARTIES HERETO KNOWINGLY AND INTENTIONALLY WAIVE THE RIGHT TO JURY TRIAL ON ANY ISSUE THAT MAY ARISE BETWEEN THEM. THE APPLICANT DOES HEREBY EXPRESSLY AND IRREVOCABLY WAIVE ANY NOTICE AND/OR HEARING WHICH MAY BE REQUIRED FOR PREJUDGMENT REMEDIES UNDER THE STATUTES OF THE STATE OF FLORIDA. JURISDICTION AND VENUE SHALL BE MIAMI-DADE COUNTY, STATE OF FLORIDA.</p>			
<p>THE UNDERSIGNED ATTESTS THAT HE OR SHE IS AN OFFICER OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT FIRM, CAN ENTER INTO CONTRACTUAL AGREEMENTS ON ITS BEHALF, WARRANTS THAT ALL INFORMATION APPEARING ON THIS APPLICATION IS TRUE, AND HEREBY GIVES FULL PERMISSION TO M&amp;M PLASTICS AND QUANTUM STORAGE SYSTEMS , ITS SUCCESSORS, ASSIGNS, AND AGENTS, TO INVESTIGATE SOURCES, INCLUDING, BUT NOT LIMITED TO THE TRADE AND BANK REFERENCES LISTED HEREIN, CREDIT REPORTING AND GOVERNMENT AGENCIES, PERTAINING TO THE APPLICANTS CREDIT AND FINANCIAL RESPONSIBILITY. THE APPLICANT AGREES TO COMPLY WITH THE TERMS AND CONDITIONS LISTED HEREIN. THE APPLICANT ALSO AGREES TO NOTIFY THE COMPANY IN WRITING WITHIN THIRTY (30) DAYS OF ANY MATERIAL CHANGE IN BUSINESS ORGANIZATION, FINANCIAL CONDITION, OR OWNERSHIP. M&amp;M PLASTICS AND QUANTUM STORAGE SYSTEMS RESERVES THE RIGHT TO DENY CREDIT TERMS AT ITS SOLE DISCRETION AT ANY TIME. <b><u>UNSIGNED APPLICATIONS WILL BE REJECTED.</u></b> ←</p>			
SIGNATURE:	PRINT NAME AND TITLE:	DATE:	
<b>- PERSONAL GUARANTY -</b>			
<p>THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT (ECOA) PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW IS THE FEDERAL TRADE COMMISSION, DIVISION OF CREDIT PRACTICES, 6TH AND PENNSYLVANIA AVENUE N.W., WASHINGTON, DC 20580</p>			

Purchaser \_\_\_\_\_

Address \_\_\_\_\_

RULE 39

FLORIDA DEPARTMENT OF REVENUE, SALES TAX DIVISION

**BLANKET CERTIFICATE OF RESALE**

*This is to certify that all material, merchandise, or goods purchased by the undersigned from the*

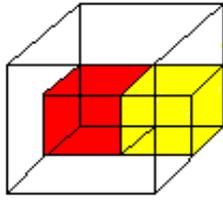
*after \_\_\_\_\_ (date) \_\_\_\_\_ is purchased for the following purpose :*

- Resale as tangible personal property.
  - To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.
  - To be exported for sale, use, or consumption outside the continental limits of the United States.
  - Other : \_\_\_\_\_
- This certificate shall be considered a part of each order which we shall give provided such order contains our certificate number. This certificate is to continue in force until revoked.

CERTIF. NUMBER \_\_\_\_\_

BY \_\_\_\_\_

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**QUANTUM™  
STORAGE  
SYSTEMS**

(A DIVISION OF M&M PLASTICS)

15800 NW 15th Avenue  
N Miami Beach, FL 33169  
PH 305-687-0405  
FX 305-688-2790  
www.quantumstorage.com  
sales@quantumstorage.com

## LITERATURE REQUEST FORM

So that we may maintain our records with up to date information, please complete the information requested below and fax or mail this for to Quantum at your convenience.

**Be sure you provide your e-mail address to be included in Quantum's special pricing promotions and updates.**

Please send your request to:

**Attn: Marketing Department**  
Fax# 305-688-2790

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

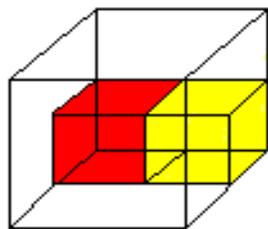
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

\*Please provide both mailing and shipping address. Include City, State and Zip.

\_\_\_\_\_ Current Quantum Distributor Catalog

\_\_\_\_\_ Current Quantum Distributor Price List



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**DISTRIBUTOR CONTACT FORM**

So that we may maintain our records with up to date information, please complete the information requested below and fax or mail this for to Quantum at your convenience.

Please send your response to:

**Attn: Order Entry / New Accounts / Account Update**  
**Fax# 305-688-2790**

**Account payables contact information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Purchasing contact information**

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Buyer contact information**

(Person who would receive literature, price lists, promotional flyers and/or mailouts)

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_