



CREDIT APPLICATION

THE NEW ACCOUNT APPLICATION MUST BE COMPLETED IN IT IS ENTIRETY AND SIGNED BY AN OWNER, PARTNER, CORPORATE OFFICER OR LEGAL REPRESENTATIVE. EACH LOCATION REQUIRES ITS OWN NEW ACCOUNT APPLICATION. PLEASE PRINT.

CREDIT CUSTOMER IS REQUESTING: \$ _____

LEGAL NAME OF APPLICANT: _____

DBA NAME: _____

LOCATION ADDRESS: _____ City _____ State _____ Zip _____ PHONE #: (____) _____ FAX #: (____) _____

BILLING ADDRESS: _____ City _____ State _____ Zip _____ PHONE #: (____) _____ FAX #: (____) _____

WEB PAGE ADDRESS: WWW. _____ E-MAIL ADDRESS: _____

STATE OF INCORPORATION: _____ FEDERAL ID #: _____ YEARS IN BUSINESS: _____

COMPANY SIZE (In regards sales) _____ ARE YOU EXEMPT FROM SALES TAX? YES NO IF YES ATTACH COPY OF SALES TAX EXEMPTION CERTIFICATE. CUSTOMER SERVICE: CONTACT CUSTOMER TO GET CERTIFICATE.

TYPE OF ORGANIZATION

- CORPORATION PROFESSIONAL LIMITED PARTNERSHIP NON-PROFIT CORPORATION
 PROPRIETORSHIP PARTNERSHIP INDIVIDUAL

OFFICERS/OWNERS NAME AND INFORMATION [REQUIRED]

NAME TITLE HOME ADDRESS SOCIAL SECURITY # PHONE #

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PAYMENT TERMS FOR PURCHASES

AFD OFFERS SEVERAL METHODS OF PAYING FOR PURCHASES.
PLEASE INDICATE WHICH METHOD YOU ARE REQUESTING.

_____ OPEN ACCOUNT (NET 30 DAYS FROM DATE OF INVOICE). SEE ADDITIONAL REQUIREMENTS ON BACK OF PAGE.

NOTE: OPEN ACCOUNT TERMS MAY BE OFFERED AT THE SOLE DISCRETION OF AFD TO:

- CORPORATE APPLICANTS WHO MEET AFD'S CREDIT RATING REQUIREMENTS WITH A NATIONAL CREDIT REPORTING AGENCY SUCH AS LYONS OR DUN & BRADSTREET.
- INDIVIDUAL APPLICANTS WHO MEET AFD'S CREDIT RATING REQUIREMENTS ON A PERSONAL BASIS WITH A NATIONAL CREDIT REPORTING AGENCY SUCH AS TRANSUNION, EQUIFAX OR EXPERIAN.

IF YOU ARE REQUESTING PAYMENT TERMS OF "OPEN ACCOUNT" YOU MUST COMPLETE AND SIGN THE BACK SIDE OF THIS FORM IN THE APPROPRIATE PLACE(S).

Office use only:
Customer Number: _____

Initial order amount: \$ _____ Order Numbers: _____ Salesperson Name: _____



CORPORATE OPEN ACCOUNT APPLICATION

LEGAL NAME OF CORPORATE APPLICANT [PRINTED]: _____

It is mutually agreed between Applicant and AFD that in consideration of AFD extending credit on an open account basis, to the above named Applicant, the Applicant agrees to the following:

1. Applicant will pay all invoices in accordance with AFD's standard terms and conditions in effect at the time of shipment of the order regardless of any terms or conditions shown on Applicant's purchase orders.
2. AFD may charge interest on any past due balance at the maximum rate allowed by law with said interest being calculated from the date of the invoice.
3. Applicant shall be liable for all costs, including reasonable attorney's fees, collection fees and court costs incurred by AFD in connection with the collection of any sums owed by the Applicant.
4. Applicant agrees that all obligations of the parties created herein are to be performed in Orlando, Florida [County of Orange] and that the Courts of Orange County Florida have jurisdiction over any action to enforce collection of any amounts due.
5. Applicant authorizes AFD to investigate Applicant's credit references, bank references and/or any other financial information deemed necessary by AFD to extend credit.
6. Applicant hereby authorizes Applicant's suppliers, vendors, banks or credit reporting agencies to release all pertinent credit information to AFD. A copy of this form shall have the same effect as the original.
7. Applicant agrees to notify AFD, in writing, of any change in ownership, address or form of said business.
8. This agreement shall remain in force until written notice of revocation is received by AFD from Applicant.

The undersigned is an owner, partner, corporate officer or legal representative of the Applicant and by placing his/her signature below agrees to all the terms as set forth in the above Corporate Open Account Application Agreement on behalf of the Applicant named above.

Signature of Representative for Applicant _____
Title

Printed Name ____/____/____
Date

THIS SECTION MUST BE COMPLETED IF YOU ARE USING THE PERSONAL OPEN ACCOUNT APPLICATION BELOW.

PERSONAL OPEN ACCOUNT APPLICATION
BASED UPON PERSONAL FINANCIAL INFORMATION & A PERSONAL GUARANTEE

NAME OF INDIVIDUAL GUARANTOR [PRINTED]: _____

(First) (Middle) (Last)

It is mutually agreed between Guarantor and AFD that in consideration of AFD extending credit on an open account basis, to the Applicant named above in the Corporate Open Account Application and/or the Guarantor, the Guarantor agrees to the following:

1. Guarantor hereby guarantees, on an individual basis, the payment of any and all amounts due by Applicant to AFD.
2. Guarantor waives presentment, protest, demand and notice of dishonor or default in connection with this unconditional personal guarantee and agrees to honor said guarantee upon demand by AFD for payment.
3. Guarantor expressly recognizes that this guarantee creates a personal obligation, and that any default under this guarantee may be reflected on the Guarantor's personal credit file.
4. Guarantor shall be liable for all costs, including reasonable attorney's fees, collection fees and court costs incurred by AFD in connection with the collection of any sums owed by the Applicant and/or the Guarantor.
5. Guarantor agrees that all obligations of the parties created herein are to be performed in Orlando, Florida [County of Orange] and that the Courts of Orange County Florida have jurisdiction over any action to enforce collection of amounts due either from the Applicant and/or Guarantor.
6. Guarantor authorizes AFD to investigate Guarantor's credit references, bank references and/or any other financial information deemed necessary by AFD to extend credit to Applicant and/or Guarantor.
7. Guarantor hereby authorizes Guarantor's suppliers, vendors, banks or credit reporting agencies to release personal financial data to AFD. A copy of this form shall have the same effect as the original.
8. Guarantor agrees to notify AFD, in writing, of any change in Guarantor's address.
9. This guarantee shall remain in force until written notice of revocation is received by AFD and Guarantor is released from this guarantee by AFD in writing.

The undersigned is the Guarantor and by placing his/her signature on this Personal Open Account Application and Personal Guarantee Form agrees to all the terms as set forth in the above Personal Open Account Application Agreement.

Guarantor Signature ____/____/____ **PHONE #:** (____) _____
Date **Social Security Number**

HOME ADDRESS: _____ **FAX #:** (____) _____

DATE OF BIRTH ____/____/____ **DRIVERS LICENSE #:** _____ **STATE:** _____