

# QUALITY PLYWOOD SPECIALTIES, INC.

4500 110<sup>TH</sup> Ave. N. Clearwater, Florida 33762

209 Tech Drive, Sanford, Florida 32771

Phone 727-572-0500~Fax 727-571-3623

## APPLICATION FOR WHOLESALE ACCOUNT

Type of Account Requested: \_\_\_ COD \_\_\_ CREDIT (OPEN ACCT) CHANGE \_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_ Type of Bus. \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Purch.Contact \_\_\_\_\_

Corporation \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_ L.L.C. \_\_\_

YRS In Business \_\_\_ Fed.ID# \_\_\_\_\_ Acct.Pybl.Contact \_\_\_\_\_

Delivery Rec'd at Commercial Bldg. \_\_\_ Home Shop \_\_\_ Shared Facility \_\_\_

### Principals and Owners

1. \_\_\_\_\_ Phone \_\_\_\_\_  
Name Position

Home Address City State Zip

2. \_\_\_\_\_ Phone \_\_\_\_\_  
Name Position

Home Address City State Zip

3. \_\_\_\_\_ Phone \_\_\_\_\_  
Name Position

Home Address City State Zip

### Trade References

1. \_\_\_\_\_ Phone \_\_\_\_\_ Fx \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Fx \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_ FX \_\_\_\_\_

Bank \_\_\_\_\_ Acct.# \_\_\_\_\_

Sales Tax Status: Taxable \_\_\_ Tax Rate \_\_\_ % Exempt\* \_\_\_

\*You must provide a current resale certificate for this status

1-7-09

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PLEASE READ CAREFULLY the Terms and Conditions herein.

Applicant agrees to the following: (Read and Sign)

If credit is extended, Applicant agrees to pay for all products received within 30 days of receipt of invoice; there are no exceptions without former written approval. Applicant agrees to pay 1.5% monthly service charge on all delinquent balances. Applicant agrees to pay all legal and collection fees if collection action becomes necessary. Applicant agrees to supply a purchase order, if required by Quality Plywood Specialties, and a list of employees permitted to order, pick up, and sign for merchandise.

I and/or We acknowledge and agree that in the event suit is initiated to collect this account, suit may be initiated in Pinellas County, Florida. Authorization is further given to make inquires to trade references, financial institutions, and other parties to determine credit worthiness of Applicant.

This is to certify that I/we am/are a principal(s) of the above business, and do personally guarantee, this account and payment of any sums due by the above named business/applicant. I/We hereby authorize Quality Plywood Specialties to contact and investigate the references, including the banks listed above and authorize release of the requested information.

P.O. Required? \_\_\_\_\_ Authorized Buyers \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fl.Driver Lic.# \_\_\_\_\_

Printed Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse

Fl. Driver Lic.# \_\_\_\_\_

I would like to receive promotional material via email \_\_\_ Fax \_\_\_  
\_\_\_\_\_

Credit Office Use Only

C.O.D. Only \_\_\_\_\_ Open Acct. Credit Line \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Saleman # \_\_\_\_\_ Customer # \_\_\_\_\_ Updated \_\_\_\_\_

Territory Code \_\_\_\_\_ Acct. Type \_\_\_\_\_

Customer No. \_\_\_\_\_



Quality Plywood Specialties, Inc.

Check Acceptance Card

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Height: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax# \_\_\_\_\_

Florida DL# \_\_\_\_\_ Bank \_\_\_\_\_ Acct.No. \_\_\_\_\_

Bank Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax# \_\_\_\_\_

Pursuant to Florida Law, Statute 68.065, returned checks will be subject to a surcharge of \$25.00 or an amount of up to 5% of the face of the check, whichever is greater. Additionally, you may be liable in civil action for triple the amount of the check.

Please sign below if you accept the terms and conditions stated herein.

Signature: \_\_\_\_\_ Date of Issue: \_\_\_\_\_