

# REDD PAPER COMPANY

3851 CENTER LOOP  
ORLANDO, FL 32808  
(407) 299-6656  
FAX: (407) 299-8142

DATE \_\_\_\_\_

DIVISION \_\_\_\_\_

SALES REP \_\_\_\_\_

SALES # \_\_\_\_\_

## CONFIDENTIAL CREDIT APPLICATION

Complete Name of Company \_\_\_\_\_

Street Address \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_

Business is: ( ) Inc. ( ) Partnership ( ) Sole Proprietorship Requested Credit Limit \_\_\_\_\_

Monthly Statement: ( ) Yes ( ) No

### List each principal/owner:

President/Owner \_\_\_\_\_ Home Phone \_\_\_\_\_

Resident Address \_\_\_\_\_

Vice President \_\_\_\_\_ Home Phone \_\_\_\_\_

Resident Address \_\_\_\_\_

Secretary \_\_\_\_\_ Home Phone \_\_\_\_\_

Resident Address \_\_\_\_\_

Treasurer \_\_\_\_\_ Home Phone \_\_\_\_\_

Resident Address \_\_\_\_\_

\*\*\*\*\* ATTACH SALES TAX EXEMPTION CERTIFICATE IF APPLICABLE \*\*\*\*\*

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## APPLICANT'S TRADE REFERENCES

Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account Number \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account Number \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account Number \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account Number \_\_\_\_\_

Reference \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Account Number \_\_\_\_\_

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## TERMS AND CONDITIONS

The Applicant agrees that payment will be made in accordance with the terms stated on each invoice and understands that a late payment penalty of 2% per month may be charged on all balances 60-days from the invoice date. If the Applicant's account is referred to an attorney for collection, the Applicant will be responsible for reasonable attorney's fees and court costs.

The undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct and complete, agrees that any credit extended shall be in accordance with the terms and conditions set forth in the application, and agrees to be bound by them.

In order to induce creditors, its successors and assigns, to extend credit to Applicants pursuant to this Credit Application, the undersign, individually, unconditionally guarantees performance by the Applicant of its obligation hereunder and payment to creditors, its successors and assigns, of all debts and obligation so the Applicant hereafter arising and existing, including, without limitation, all amounts of principal and interest due and all expenses of collection, including reasonable attorney's fees, incurred in the collection thereof or the enforcement of its rights hereunder, whether suit be brought or not.

The undersigned agrees to keep this Application and the information contained in it current and to immediately notify creditors of any and all changes in the information provided.

The law of the State of Florida shall govern this Credit Application, any dispute arising under it, and any extensions of credit by the creditor to the Applicant. The Applicant and the undersigned waive the right to trial by jury and the privilege of being sued in the County of their residence in any litigation arising out of the Credit Application and any extensions of credit pursuant to it. The Applicant and the undersigned agree that any litigation arising hereunder and in connection with the collection of any monies due creditors shall be brought in the County desired by the creditor.

By \_\_\_\_\_  
Agent for Applicant and individually as guarantor

\_\_\_\_\_  
Social Security Number