



9601 NW 112th Ave • Miami FL 33178  
(305) 805-2600 • Fax: (305) 883-9363

Distributor of foodservice disposables,  
janitorial supplies and equipment  
throughout the United States,  
Puerto Rico and the Caribbean

Salesperson: \_\_\_\_\_

# CREDIT APPLICATION

## Section I Identification

**Bill To:**

**Ship To:**

Applicant (Legal Name) _____	Business Name _____
Trade Name (dba) _____	Contact Name _____
Mailing Address _____	Street Address _____
City _____ State _____	City _____ State _____
Zip _____	Zip _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
A/P Contact Person: _____	Anticipated Monthly Purchases: \$ _____
Terms Requested: Net 7 days: _____ Net 15 days: _____ Net 30 Days: _____	

## Section II Management Information:

**Business Structure:** \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Limited Liability Company  
*If business structure is a Partnership, Corporation, or Limited Liability Company, give the legal name and Federal I.D. Number*

**Building Facilities:** \_\_\_\_\_ Owned \_\_\_\_\_ Leased \_\_\_\_\_ Rented

Mortgage Holder / Landlord Name and Address: \_\_\_\_\_

**Equipment:** \_\_\_\_\_ Owned \_\_\_\_\_ Leased \_\_\_\_\_ Rented

Lessor / Renter Name and Address: \_\_\_\_\_

**Length of Time in Business:** \_\_\_\_\_

If under two years: Previous Business Name & Address: \_\_\_\_\_

**Length of Time in Previous Business:** \_\_\_\_\_

## Section III Complete the following information for all Corporate officers, Partners, or Proprietors

Name _____	Name _____
SSN _____ - _____ - _____	SSN _____ - _____ - _____
Title _____	Title _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone # _____ Drivers License # _____	Phone # _____ Drivers License # _____
Cell # _____ E-mail _____	Cell # _____ E-mail _____

## Section IV Bank References:

Bank Name _____	Bank Officer _____
Address _____	Title of Account _____
City _____ State _____ Zip _____	Checking Account Number _____
Phone _____	Savings Account Number _____
Fax _____	Loan Number _____

**Section V****Trade References - (Preferably Food / Paper Distributors)**

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Business Account Number \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Business Account Number \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Business Account Number \_\_\_\_\_

4. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Business Account Number \_\_\_\_\_

**Section VI****Terms of Credit Agreement**

The undersigned represents that he or she is authorized to execute this application on behalf of "Applicant" as identified in Section I "Identification" of the Credit Application, and incorporated herein by reference, (hereinafter "applicant") and that all of the information contained in this application is true. The undersigned authorizes Dade Paper & Bag, LLC ("Imperial Dade") and its agents to make credit checks with the bank and trade references noted above, and obtain whatever other credit information is deemed necessary to extend credit hereunder and authorizes any credit reference and any credit bureau or reporting service to release information to Imperial Dade.

The applicant understands that all purchases are subject to the following terms and conditions:

1. All payments are due and payable upon agreed terms to Imperial Dade's offices. If any account is not paid when due, Imperial Dade shall be entitled to charge interest (including post-judgement interest) at the annual rate of 18% until the total account balance is paid in full.
2. In the event that the account becomes delinquent, the applicant agrees to pay for all costs of collection, including all pre- and post-judgement attorney's fees and expenses. Pre-judgment attorneys' fees may be liquidated at thirty three percent (33%) of the outstanding balance due on account, at the election of Imperial Dade.
3. Any dispute between the parties shall be litigated in the appropriate court in Dade, Palm Beach or Orange County, Florida or such other county as Imperial Dade shall in its own discretion, determine is most convenient and otherwise appropriate.
4. Imperial Dade shall have a purchase-money security interest in any goods delivered to the extent necessary to recover all monies owed Imperial Dade by the applicant. Title to said goods shall remain with Imperial Dade and Imperial Dade shall be allowed to obtain a pre-judgement writ of replevin and / or sign the applicant's name to a Form UCC-1 to record a security interest in the applicant's assets.
5. The signer hereof, individually and not in any representative capacity, shall be responsible for all checks returned to Imperial Dade from the payor bank for any reason whatsoever.
6. The applicant is responsible for all goods and services delivered to the address listed on the reverse side of this application or such other addresses as is directed by the applicant's employees or agents until the applicant notifies Imperial Dade, via certified mail, that it no longer wishes to be responsible for deliveries to said addresses.
7. All goods delivered by Imperial Dade in reliance on this credit application shall be deemed authorized by the purchaser hereof if delivered to the address on the reverse side of this application, or such other addresses as is directed by the applicant's employees or agents until the applicant notifies Imperial Dade, via certified mail, that it no longer wishes to be responsible for deliveries to said addresses. The applicant waives any right to claim improper delivery if the goods delivered are not rejected upon delivery. Any claim for damaged goods must be submitted to Imperial Dade, in writing, within five days of delivery.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Legal Business Name: \_\_\_\_\_

Witness: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

**Section VII**

The undersigned personally guarantees all payments due Dade Paper and Bag, LLC by "Applicant" as identified in Section I "Identification" of the Credit Application, and incorporated herein by reference, including all costs of collection as set forth in Section VI above and agrees to litigate any dispute in the appropriate court in Dade, Palm Beach, or Orange County, Florida or such other county as Imperial Dade shall in its own discretion, determine is most convenient and otherwise appropriate. The undersigned authorizes Imperial Dade and its agents to obtain whatever credit information is deemed necessary to extend credit hereunder and authorizes any credit reference and any credit bureau or reporting service to release information to Imperial Dade. The undersigned consents to garnishment of wages if Imperial Dade obtains a judgement against the undersigned and agrees to notify Dade Paper & Bag, LLC, via certified mail, of any changes of ownership of the applicant.

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Witness: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_