

"Where Business Is A Pleasure And Service Is Grand"
P O Box 178 / 32549-0178
807 James Lees Road

Fort Walton Beach, FL 32547-2221 Ph: 850-862-5850 / 7746 Fx: 850-862-5833

E-mail: <u>paradisepaperfl@gmail.com</u> Website: <u>www.paradisepaper-fl.com</u>

(If requesting a C. O. D. account, complete the top portion (front page) and sign the bottom (back page)

egal Business Name		# ()
Shipping Address	How Long at	How Long
IIIIPPIIIB Audi 633	tilis dudless	III DUSIIIESS
City	State	Zip
Billing Address	Fax	. # ()
ity	State	7in
Division of	Anticipated State	2ιρ
0/B/A or A/K/A		F-mail Address
70/A 01 A/19/A	Wientry Furchases \$	E man Address
revious Address		
City	State	Zip
ederal ID#	State Tay Cortificate Number	
euerariu#	State Tax Certificate Number	
Credit/Debit card #	Exp. Date	Security Code #
lame On Card	Email Address	
As It Appears)	(For Transaction Notification)	
lwner or President	Owner or Vice President	
Iome Address	Home Address	
*****	City	
ity	City	
tateZip	State	Zip
·		·
lome Ph. # ()	Home Ph. # ()	
N. #	DI #	
DL# Other Partners	DL #	
lame	Home Address	
· ·		
City	State	Zip
)L#		
lama	Llama Addrass	
lame	nome Address	
City	State	Zin
····1		
ni #		

**(If requesting credit please complete the top portion (front page) and the bottom portion (back page) **

CREDIT REFERENCES	COMPLETE ADDRESS	PHONE/FAX	or LOAN OFF		
1		Ph. ()_			
		Fax. ()_		·	
2		Ph.()_			
		Fax. ()_			
3.		Ph. ()			
		·			
Pank					
Bank					
Da		Fax. ()			
Do you use purchase orders?	List persons authorized to buy on this a	eccount as of this date_			
Are you delinquent on any accounts? bankruptcy? YES[] NO[] (If yes, please		n placed for collection,	had liens filed agair	nst you, had legal action taken against you or	filed
	IMPORTANT - App	olicant Agrees To The F	ollowing:		
				above is true and correct and understands the above information is material to such determine	
-	nt to deny credit to the Applicant and that ight to close this Account whenever Paradi			s the extension of credit is approved by Parad ry.	lise
associates, financial sources, friends, n Guarantor's credit capacity, general cre	eighbors or others with whom Applicant is	acquainted. This investeristics, and code of liv	tigation may includ ving, whichever ma	n third parties, such as family members, busin le obtaining information as to Applicant's and y be applicable, to report to proper persons a	d
connection with collection work, litigati products sold by Paradise Paper to App payment and according to Paradise Pap NOT PAID BY THIS DATE IS CONSIDEREI	ion and appeals or otherwise. To pay Parac licant in full upon receipt of each invoice o per's terms. ALL INVOICES ARE DUE AND Pa	dise Paper a finance cha or statement. The Applio AYABLE BY THE 10TH O EST CHARGE PER MON	arge on delinquent a cant understands th F THE NEXT MONTH	, including reasonable attorney's fees incurre accounts. To be responsible for and to pay fo nat the credit sales are based on a promise of H FOLLOWING DATE OF PURCHASE. ANY AMC M) APPLIED TO THE ACCOUNT. The Applicant	or all f promp OUNT
The Applicant jointly and severally agre	es to pay any and all amounts owed to Par	radise Paper whether no	ow owed or hereaft	ter incurred.	
Signature	_Print	т	itle	Date	
0.0		·			

(If Applicant is a Corporation, LLC or LLP, a separate Personal Guaranty must be completed and signed)

Print______Title______Date_____