



New Customer information sheet  
2200 N. Andrews Ave, Bldg. #A Pompano Beach, Fl 33069  
Ph: 305-944-4300 Fax: 954-206-0225

_____		_____	
Name of firm or individual		No. of years in business	
_____		_____	
Address:		Email Address	
_____		_____	
City, State, Zip Code		Telephone	

**Tax Exempt?**     NO     YES    If yes, we must have a copy of tax exempt certificate to complete our credit files. The applicable sales taxes will be charged unless a current exemption certificate is provided.

The following information must be completed in full, and will be held in strictest confidence.

Individual     Partnership     Corporation     Check here if incorporated within last 12 months.

_____	_____	_____
Name(s) of Principal(s)	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a parent company?     NO     YES    If yes, please complete the following information.

_____		_____	
Company Name		Credit Manager	
_____		_____	
Street Address		City	State    Zip
_____		_____	_____
_____		_____	
Phone Number		Accounts Payable Email Address (For the purpose of emailing invoices)	

<b>FINANCIAL REFERENCES</b>
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_____	
Bank Name	Bank Address
_____	
Bank Officer or Department	



**TRADE REFERENCES – PLEASE MAKE SURE FAX NUMBERS ARE INCLUDED**

Business Name \_\_\_\_\_ FAX Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name \_\_\_\_\_ FAX Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Check here if cash sales are okay until credit is approved

**CREDIT TERMS — NET 30 DAYS**

Should Z-Tuff Products, Inc. extend you credit and unless otherwise agreed upon by the parties in writing, all invoices are due to be paid to Z-Tuff Products Inc., within 30 days of the invoice date. Any balance that is not paid in a timely manner will accrue interest at the lower of (i) 1.5% per month, or (ii) the highest permissible interest rate under applicable law. Should you fail to pay any amount due to Z-Tuff Products, Inc. in a timely manner, then (i) you shall be responsible for all reasonable attorneys' fees, expenses and costs incurred in any collection efforts, and (ii) Z-Tuff Products, Inc. will report your untimely payment to a third party credit reporting agency. Should a lawsuit be necessary to collect any amount due to Z-Tuff Products, Inc. that is not paid in a timely manner, then you expressly agreed that the only forum and venue for such action shall be the appropriate state or Federal court in Broward County, Florida, and no other. Z-Tuff Products, Inc is hereby authorized to substantiate and investigate the information contained on this application, which may include obtaining a credit report from a third party credit reporting agency and/or contacting the credit references listed above.

We certify that all the information on this form is correct and that we fully understand your credit terms as stated above and agree to the proper payment in consideration of extended credit. The undersigned is authorized to make this application and statement to obtain credit from Z-Tuff Products, Inc.

(signed) \_\_\_\_\_ (date) \_\_\_\_\_  
 (title) \_\_\_\_\_

**Please do not write in the space below**

References checked by \_\_\_\_\_  
 Reference check results \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Credit approved By \_\_\_\_\_  
 Date \_\_\_\_\_

CREDIT LINE APPROVED	
Amount	Date
_____	_____
_____	_____
_____	_____
_____	_____



### KEY CONTACT INFORMATION

Company Name \_\_\_\_\_  
DBA (if applicable) \_\_\_\_\_

Bill to Address \_\_\_\_\_  
City, \_\_\_\_\_  
State \_\_\_\_\_

Ship to Address \_\_\_\_\_  
City, \_\_\_\_\_  
State, \_\_\_\_\_

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

Accounts Payable Contact \_\_\_\_\_  
E-mail address \_\_\_\_\_

Purchasing Contact \_\_\_\_\_  
E-mail address \_\_\_\_\_

Receiving Mgr. \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Receiving Hours \_\_\_\_\_