



300 Oakwood Lane  
 Hollywood, FL 33020, USA  
 Tel. (305) 688-1000 Fax. (305) 644-8957

Date:

Account #:	<input type="text"/>
Sales Rep:	<input type="text"/>
Credit Limit:	<input type="text"/>
Approved by:	<input type="text"/>

**CUSTOMER CREDIT APPLICATION AND REGISTRATION FORM**

**Please complete, sign and return this form**

CUSTOMER INFORMATION				
Company Name	D.B.A			
Telephone	Fax			
Street Address				
City	State	Zip	Country	
Billing Address (if different from above)			Tel:	
Street	City	State	Zip	Country
Delivery Address: (if different from above)			Tel:	
Street	City	State	Zip	Country

COMPANY PROFILE				
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation				
Estimated Annual Sales: \$				
Date Established:		EIN # (US ONLY):		Website:
Import License No:		Please Submit the State Approved Tax-Exempt Certificate ( )		
Nature of Business:		Retail %:	Wholesale %:	
Major Product Service: (List name brands of products sold)				
Buyer's Information:				
Name:		Business Title:		
E-mail:	Direct Tel:	Direct Fax:	Cellular:	
Has Owner, Partner or Stockholder done business under a different name: ( ) Yes ( ) No				
If (Yes) under what name:				
Has applicant or any other officers filed for bankruptcy in the last 7 years: ( ) Yes ( ) No				
If (Yes) give details:				
Form of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Other (Explain) _____				



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NAMES OF PRINCIPALS/OFFICERS			
<b>Owner</b>			
Complete Name:	% of Ownership:		
E-mail:	Direct Tel:	Direct Fax:	Cellular:
Complete Name:	Business Title:		
E-mail:	Direct Tel:	Direct Fax:	Cellular:
Complete Name:	Business Title:		
E-mail:	Direct Tel:	Direct Fax:	Cellular:
Accounts Payable Contact			
Complete Name:	Business Title:		
E-mail:	Direct Tel:	Direct Fax:	Cellular:

COMPANY'S BANK INFORMATION	
Bank Name:	Contact Person:
Checking Account No.:	Saving Account No.:
Loan Acc. No:	
Email:	Telephone:

COMPANY'S TRADE REFERENCES	
Company Name:	Address:
Account No.:	Contact Name:
Telephone:	Email:
Terms:	Credit Line:
Company Name:	Address:
Account #:	Contact Name:
Telephone:	Email:
Terms:	Credit Line:
Company Name:	Address:
Account #:	Contact Name:
Telephone:	Email:
Terms:	Credit Line:



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**ATTENTION PLEASE READ CAREFULLY**

The person, corporation, or firm, whose name appears on the previous pages, and to whom an open line of credit is extended, will be notified when the account is opened. All applications approved for credit are governed by the following:

1. Permission is granted as evidenced by my (our) signature(s) below, for AAAA World, Inc. ("AAAA") or its agents to contact the references listed hereon, or any other source for the purpose of obtaining credit information. That the creditor, bank, or lending Institution contacted has my (our) permission to furnish AAAA World with any and all information requested.
2. Payments will be made in accordance with the terms stated on each invoice.
3. The applicant agrees to pay a service charge of 1.5% per month on any unpaid balance after 30 days.
4. A \$35.00 handling charge is assessed to all returned checks.
5. The undersigned agrees to notify AAAA World in writing of any changes in ownership, officers, company name or way the business operates. Notice to be given by certified or registered letter and acknowledged by returned receipt.
6. In the event that litigation or legal proceedings are instituted, the person, the firm, or corporation to whom open account was extended agrees to pay the expense of all legal proceedings, including court cost and actual attorney's fees on both the trial level and appeal. The applicant further agrees that in the event of litigation that venues will be proper in Broward County, Florida for all cases arising out of the Florida headquarters or any other county designated by AAAA at its option. That applicant hereby freely and voluntarily consents to this venue provision.
8. In order for our credit department to process this application, all information requested must be supplied in full.  
Actual signature(s) are required.

**SIGNATURE(S) OF OFFICER, PARTNER, OR OWNER**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_