



6600 NW 74TH AVE. MIAMI, FL 33166 FAX: (305) 884-1200

CUSTOMER INFORMATION FORM

(ATTACH TO YOUR FIRST ORDER)

CORPORATE NAME: _____

TODAY'S DATE: _____

TRADE NAME: _____

STATE OF INCORPORATION: _____

BILL TO ADDRESS: _____

NUMBER OF YEARS IN BUSINESS WITH CURRENT OWNER: _____

TYPE OF BUSINESS: _____

SHIP TO ADDRESS: _____

BUSINESS IS A: (Please check only one)

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

HOW LONG AT PRESENT LOCATION: _____

IS THIS A RESIDENTIAL DELIVERY? Y or N

BUILDING: LEASE OWN PROPERTY: LEASE OWN

PHONE: (____) _____

ADDRESS PREVIOUS LOCATION: _____

CELL OR ALT PHONE: (____) _____

FAX: (____) _____

E-MAIL ADDRESS: _____

WEB SITE: _____

DUN & BRADSTREET# _____

AMOUNT OF CREDIT REQUESTED: \$ _____

FEDERAL ID NUMBER: _____

FREIGHT FORWARDER AGENT (For export shipments only)

PERSON TO CONTACT REGARDING PURCHASES: _____

ADDRESS: _____

ARE PURCHASE ORDERS REQUIRED? YES NO

PHONE: (____) _____

PERSON TO CONTACT REGARDING PAYMENTS: _____

California Customers: Items may include proposition 65 labels. Your submission of this form indicates your acceptance of labeled items.

GIVE FULL NAME AND HOME ADDRESS OF OWNER AND IF A FIRM, OF EACH PARTNER, OR IF A CORPORATION, OF EACH OFFICER AND OFFICE HELD BY EACH.

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

S.S.#: _____

S.S.#: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

PHONE: (____) _____

PHONE: (____) _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

S.S.#: _____

S.S.#: _____

HOME ADDRESS: _____

HOME ADDRESS: _____

PHONE: (____) _____

PHONE: (____) _____

BLANKET CERTIFICATE OF RESALE

(PLEASE ATTACH A COPY OF YOUR MOST RECENT RESALE TAX CERTIFICATE HERE.)

"FLORIDA CUSTOMERS ONLY"

Bank References:

BANK NAME: _____ ACCOUNT#: _____
 ADDRESS: _____ PHONE: (____) _____
 _____ CONTACT: _____

TRADE & CREDIT REFERENCES

LIST 5 OF YOUR CURRENT GIFT OR SOUVENIR SUPPLIERS WITH WHOM YOU HAVE ESTABLISHED TERMS

1) NAME: _____	ACCOUNT# _____
ADDRESS: _____	PHONE: (____) _____
CITY: _____ STATE: _____ ZIP: _____	FAX: (____) _____
2) NAME: _____	ACCOUNT# _____
ADDRESS: _____	PHONE: (____) _____
CITY: _____ STATE: _____ ZIP: _____	FAX: (____) _____
3) NAME: _____	ACCOUNT# _____
ADDRESS: _____	PHONE: (____) _____
CITY: _____ STATE: _____ ZIP: _____	FAX: (____) _____
4) NAME: _____	ACCOUNT# _____
ADDRESS: _____	PHONE: (____) _____
CITY: _____ STATE: _____ ZIP: _____	FAX: (____) _____
5) NAME: _____	ACCOUNT# _____
ADDRESS: _____	PHONE: (____) _____
CITY: _____ STATE: _____ ZIP: _____	FAX: (____) _____

PERSONAL GUARANTEE

In consideration of the extension of credit to the applicant named herein, the undersigned, as individual(s) and not as corporate officers, jointly, severally and unconditionally guarantees and promises to pay all amounts now owing or which may hereinafter become owing by the applicant. This is a continuing guarantee and obligations arising hereunder shall not be affected by any change in terms of indebtedness, the extension of credit beyond amounts specified herein, a change in the terms or time of payment, a change in the form of indebtedness or the acceptance of security or collateral. Vendor shall not be required to exhaust any remedies against applicant prior to exercising rights granted hereby. If it should become necessary to collect sums due by enforcing the terms of this credit agreement against applicant and/or against guarantor(s), the undersigned individuals, jointly, severally and unconditionally guarantee and agree to pay all costs, including attorney fees at both the trial and appellate levels.

Date: _____
 Guarantor (owner signature): _____ Witness: _____
 Print Name: _____ Witness: _____

TERMS OF CREDIT

Applicant authorizes vendor to obtain necessary credit information at any time from any source and agrees to pay for purchases according to the credit terms on vendor's invoices or, if none appear, according to terms of Net 30. Applicant warrants that all information appearing on this form is true and correct as of the date below and agrees to notify vendor in writing within thirty (30) days of any change in business organization, financial condition, or controlling ownership. In consideration of any extension of credit by American Gift Corp., should any indebtedness not be paid in accordance with the terms of credit, the undersigned agrees to pay all costs, including attorney fees at both the trial and appellate levels and costs shall be payable whether suit be brought or not. I agree to pay American Gift Corporation an interest charge of the lesser of 18% per annum or the highest rate allowed by applicable law on all past due balances. Venue for all legal proceedings shall be in Miami Dade County Florida.

Date: _____
 Signature: _____ Company Name: _____
 Print Name: _____ Title: _____

OFFICE USE ONLY

Date Received: _____ Date Completed: _____ Terms Given: _____
 Credit Limit: _____ Credit Manager Signature: _____ Customer #: _____