

QUANTUM DISTRIBUTORS, INC.
NEW CUSTOMER APPLICATION
3859 Center Loop*Orlando FL 32808
Tel 407-647-6144 * Fax 407-647-6141

Please include a copy of your current FLORIDA ANNUAL RESALE CERTIFICATE FOR SALES TAX

DATE:	SALES REPRESENTATIVE:
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CUSTOMER INFORMATION

CORPORATE NAME:			
D/B/A:			STORE NUMBER:
SHIP TO ADDRESS:		EMAIL:	
CITY:		TEL:	
STATE:	ZIP CODE	CELL:	
TAX ID:		FAX:	
CHECK WHICH IS APPLICABLE TO YOU:			
	CORPORATION:	LLC:	GENERAL PARTNERSHIP:
			SOLE PROPRIETORSHIP:
			OTHER:

ACCOUNTING

ACCOUNTING ADDRESS:	
TELEPHONE:	FAX:
ACCOUNTS PAYABLE CONTACT:	

BANKING

BANK:	ACCOUNT #:
BANK EMAIL ADDRESS AND CONTACT NAME:	

OWNERS/OFFICERS

NAME:	TITLE:	%OWNERSHIP:
NAME:	TITLE:	%OWNERSHIP:
NAME:	TITLE:	%OWNERSHIP:

BUSINESS RELATED REFERENCES

REFERENCE:	TEL:	FAX:
REFERENCE:	TEL:	FAX:
REFERENCE:	TEL:	FAX:

QUANTUM DISTRIBUTORS, INC.
NEW CUSTOMER BANK RELEASE
3859 Center Loop*Orlando FL 32808
Tel 407-647-6144 * Fax 407-647-6141

APPLICANT:

THIS FORM SERVES AS AUTHORIZATION TO RELEASE TO QUANTUM DISTRIBUTORS, INC.
INFORMATION REGARDING OUR CHECKING ACCOUNT AND/OR LEASE:

DATE:

BANK:

BANK CONTACT:

TELEPHONE:

EMAIL ADDRESS:

ADDRESS:

CHECKING ACCOUNT #:

SAVINGS ACCOUNT #:

CUSTOMER SIGNATURE:

QUANTUM DISTRIBUTORS, INC.
NEW CUSTOMER APPLICATION FOR CREDIT
3859 Center Loop*Orlando FL 32808
Tel 407-647-6144 * Fax 407-647-6141

**CONTINUING AND UNCONDITIONAL
 GUARANTY OF PAYMENT**

THE UNDERSIGNED PERSONALLY AND UNCONDITIONALLY GUARANTEES TO QUANTUM DISTRIBUTORS, INC., IT SUCCESSORS OR ASSIGNS, THE PAYMENT IN FULL OF ANY AND ALL INDEBTEDNESS OF

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(LEGAL NAME OF BUSINESS)

TO QUANTUM DISTRIBUTORS INC., WHETHER DUE, TO BECOME DUE, NOW EXISTING OR HEREAFTER ARISING. THIS GUARENTEE SHALL CONTINUE IN FULL FORCE AND EFFECT UNLESS AND UNTIL QUANTUM DISTRIBUTORS INC. RELEASES THIS GUARENTEE IN WRITING. THIS GUARANTY IS UNCONDITIONAL AND IS SIGNED BY TWO OR MORE INDIVIDUALS. THEIR LIABILITY SHALL BE JOINT AND SEVERAL. THE GUARANTOR(S) WILL PAY ALL ACTUAL COSTS OF COLLECTION INCLUDING ATTORNEY'S FEES.

GUARANTOR:	DATE:
SOCIAL SECURITY NUMBER:	
GUARANTOR:	DATE:
SOCIAL SECURITY NUMBER:	

CREDIT TERMS

UPON ARRIVAL OF COMPLETED INFORMATION SHEET AND PERSONAL GUARANTY, CREDIT WILL BE EXTENDED IN ACCORDANCE WITH THE FOLLOWING TERMS

1. APPLICANT WILL PAY QUANTUM DISTRIBUTORS FOR EACH PURCHASE ACCORDING TO THE TERMS IN EFFECT AT THE TIME OF SUCH PURCHASE AS SHOWN ON ITS INVOICES.
2. APPLICANT AGREES TO PAY INTEREST ON ANY UNPAID BALANCE OF ITS ACCOUNT AT THE HIGHEST RATE AUTHORIZED BY LAW, OR SUCH LOWER RATE AS QUANTUM DISTRIBUTORS IN ITS SOLE DISCRETION, SHALL APPLY.
3. IT THE APPLICANT FAILS TO PAY, APPLICANT WILL PAY ALL ACTURAL COSTS OF COLLECTION, INCLUDING ATTORNEY FEES.
4. APPLICANT AGREES THAT THE LAWS OF THE STATE OF FLORIDA SHALL GOVERN THIS AGREEMENT AND VENUE FOR ANY PROCEEDINGS BROUGHT UNDER THIS AGREEMENT SHALL BE IN ORANGE COUNTY, FLORIDA.
5. QUANTUM DISTRIBUTORS MAY REVOKE ITS EXTENSION OF CREDIT UNDER THIS AGREEMENT AT ANY TIME QUANTUM DISTRIBUTORS BELIEVES IT TO BE IN ITS BEST INTEREST TO DO SO.

WE CERTIFY THAT THE INFORMATION WE HAVE SUPPLIED IS CORRECT, WE FULLY UNDERSTAND YOUR CREDIT TERMS
 AGREE TO PROPER PAYMENT OF OUR ACCOUNT IN CONSIDERATION OF THE PRIVILEGE OF EXTENDED CREDIT.

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(CORPORATION, PARTNERSHIP, LLC, TRADE OR INDIVIDUAL APPLYING FOR TERMS)

BY:	
TITLE:	DATE:

QUANTUM DISTRIBUTORS, INC.
NEW CUSTOMER CONSENT AND AUTHORIZATION
3859 Center Loop*Orlando FL 32808
Tel 407-647-6144 * Fax 407-647-6141

The undersigned is considering entering into a business relationship with Quantum Distributors, Inc. and understands that it is necessary to provide certain background information on the undersigned and to consent to the provision and verification of such information by third parties and sources. Thus, the undersigned agrees as follows:

The undersigned hereby consents and authorizes Quantum Distributors, Inc., as well as its agent, contractor and others operating on its behalf, to obtain from public records, any present or former employer, school or educational institution, law enforcement agency, and Federal, State or local governmental agency or court, any an all information in the possession regarding the undersigned's educational background, work history, criminal behavior, history or bankruptcy, and financial/credit worthiness.

The undersigned agrees that a photocopy of this Consent and Authorization may be accepted with the same authority as the original, and waives any written notice from a present or former employer that might provide authorization based upon this document.

The undersigned gives permission to release information regarding any criminal or civil record on file with any domestic or foreign government or law enforcement agency or administrative agency.

The undersigned voluntarily waves all recourse and releases from liability all person who comply with this authorization.

The information below may be used for positive identification purpose when checking public records and with law enforcement agencies and other entities. Such information shall remain confidential and not used for any other purpose.

FEDERAL ID # OR SS#:	
DRIVERS LISCENSE # & STATE:	
PRINT NAME:	
ADDRESS:	
PHONE #:	
SIGNATURE:	
	DATE:

*** Fill out this page ONLY if you are requesting payment through the ACH system ***

QUANTUM DISTRIBUTORS, INC.

ACH DEBIT AUTHORIZATION

3859 Center Loop*Orlando FL 32808

Tel 407-647-6144 * Fax 407-647-6141

COMPANY NAME:

(PLEASE PRINT)

COMPANY ADDRESS:

(PLEASE PRINT)

I (we) hereby authorize QUANTUM DISTRIBUTORS, INC to initiate debit entries for purchases two business days after EACH delivery date to my (our) account indicated below at the depository financial institution named below. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of US law.

FINANCIAL INSTITUTION NAME:

BRANCH:

CITY:

STATE:

ZIP:

BANK ROUTING # (9 DIGITS):

ACCOUNT #:

In addition, please attach a copy of voided check for account

This authorization is to remain in full force and effect until QUANTUM DISTRIBUTORS, INC. has received written notification from us of its termination in such time and in such manner as to afford QUANTUM DISTRIBUTORS, INC. a reasonable time to act on it.

SIGNATURE (COMPANY OFFICER) :

TITLE:

NAME (PLEASE PRINT):

DATE:

A VOIDED CHECK OR BANK LETTER IS REQUIRED TO APPLY FOR ACH

*** Fill out this page ONLY if you are requesting payment through the ACH system ***