



CVM Cigars
5794 SW 40th Street, #207
Miami, Florida 33155
Telephone: 305-377-0557
Fax : 305-442-9189

CREDIT APPLICATION

Thank you for choosing **CVM Cigars** as your supplier. It may take several weeks for us to receive all credit information from supplied trade references to properly process a credit application. To insure against any delay in processing your orders, please complete, sign and return this form as soon as possible.

Please print or type.

BUSINESS NAME AND ADDRESS

Company Name _____

Street Address _____

City _____ State: _____ Zip + 4: _____

Contact Name: _____ Primary Telephone #: _____

Fax #: _____ Email Address _____

BUSINESS TYPE *(check one)*

Sole Proprietorship Partnership Corporation Number of years in business _____

BUSINESS LOCATION: *(check one)*

Retail Store Hotel Office Home Restaurant

DELIVERY ADDRESS: *(If different than above)*

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip + 4: _____

Primary Telephone #: _____ Fax #: _____

If you have more than one delivery address, Please list on separate page and attach.

KEY PERSONNEL:

Name / Title: _____ Name / Title: _____

Name / Title: _____ Name / Title: _____

If you are a division or subsidiary of another company, please supply the following information.

Parent Co. Name: _____

Street Address: _____

City: _____ State: _____ Zip + 4: _____

Primary Telephone #: _____ Fax #: _____

If sole proprietorship or partnership, please show names and home addresses of owners.

Name: _____ Name: _____

Street Address: _____ Street Address: _____

City: _____ City: _____

State: _____ State: _____

Zip + 4: _____ Zip + 4: _____

Tel. #: _____ Tel. #: _____

Soc. Sec. # _____ Soc. Sec. # _____

Authorized signature will be required on the last page.

RESALE STATEMENT

I hereby certify: That we are engaged in reselling and that we hold a valid State Tax Exemption Number issued pursuant to the States Use Tax law.

State Tax Exemption Number is registered in: _____

State Tax Exemption Number: _____

BANK REFERENCES

Bank: _____ **Branch:** _____

Account Number: _____

Street Address: _____

City _____ State: _____ Zip + 4: _____

Name of Officer (Contact): _____

Type of Account: Checking Savings Commercial Loan

Type of Acct. Being Requested: Credit C.O.D. PREPAID

If you are requesting credit terms, please complete the following section.

Estimated line of credit requested: \$ _____ Estimated annual purchase volume: \$ _____

Amount of Initial Order: \$ _____

- If you are requesting a \$10,000 or higher line of credit, we will require a current financial statement now, and a new one each year.
- Enclosing a copy of your most recent financial statements may permit us to approve a higher credit limit to better serve your needs.

TRADE REFERENCES *(Please list three current commercial trade references where you purchase on open account.)*

Name: _____ Account #: _____

Street Address: _____

City: _____ State: _____ Zip + 4: _____

Primary Telephone #: _____ Fax #: _____

How many years have you been doing business with this supplier? _____

Name: _____ Account #: _____

Street Address: _____

City: _____ State: _____ Zip + 4: _____

Primary Telephone #: _____ Fax #: _____

How many years have you been doing business with this supplier? _____

Name: _____ Account #: _____

Street Address: _____

City: _____ State: _____ Zip + 4: _____

Primary Telephone #: _____ Fax #: _____

How many years have you been doing business with this supplier? _____

AGREEMENT

Applicant agrees that extension of credit by seller shall be subject to and in consideration of the following terms and conditions.

- 1.** If credit is extended, the applicant agrees and understands that full payment is due within terms of the sale, and that if payment is not made within the period, the account may accrue a service charge in the amount of 1 ½% per month on the unpaid balance of any outstanding invoice until paid.
- 2.** Payment of all accounts due, as evidenced by the account, shall be made no later than the due dates as indicated on each invoice under the **"terms"**.
- 3.** No returns shall be made without written authorization of Seller.
- 4. N. S. F. checks may cause an account to be placed on an immediate cash In-advance status.**
- 5. N. S. F. checks will incur a \$30.00 processing charge for each occurrence.**
- 6.** In the event of a shortage or dispute, applicant must notify **CVM Cigars** within 15 days of receipt of merchandise, specifying the invoice number, nature of dispute and amount under dispute.
- 7.** If applicant fails to pay the account balance when due, and if Seller, in its sole judgment deems it necessary to engage a licensed collection agency or an attorney for legal action, Applicant agrees that it shall pay, in addition to the account balance, all charges of the collection agency and legal fees and expenses. Applicant also agrees to the exclusive jurisdiction and venue of the state and federal courts where the seller has its principal offices, and waives trial by jury.
- 8.** We agree to immediately notify **CVM Cigars** of any change in ownership form of said business or address.
- 9.** Should any part of this agreement for any reason be declared invalid, such decision shall not effect the validity of the remaining parts, which will remain in full force and effect as if this agreement had been executed with the invalid portion eliminated.

WILL YOU PREPAY ORDERS UNTIL ACCOUNT
CAN BE ESTABLISHED?

YES

NO

Authorized Signature: _____

Print Name & Title: _____

Today's Date: _____

I certify that all of the information given is correct, and that I have read and agreed to abide by the terms and conditions