

# Quantum Storage Systems

Quantum Storage Systems  
15800 NW 15th Ave, N Miami Bch, FL 33169  
Phone: 305-687-0405      Fax: 305-688-2790

# Just the Fax ...

<b>To:</b>	Purchasing / Payables Dept @	<b>From:</b>	<i>Quantum Storage Systems Credit Dept / Order Entry</i>
<b>Fax:</b>		<b>Date:</b>	
<b>Phone:</b>		<b>Pages:</b>	
<b>Re:</b>	<i>Quantum Credit App</i>	<b>CC:</b>	<i>Credit Dept.</i>

**Urgent**   **For Review**   **Please Comment**   **Please Reply**   **Please Recycle**

## Comments:

To follow please find a copy of our credit application. At your earliest possible convenience please read, complete, sign and return by fax @ 305-688-2790. All Pages must be completed and returned as soon as possible.

**\*Account set up process CAN NOT be completed without a signed Quantum credit application.**

*Thank you.*

## IMPORTANT NOTICE

THE INFORMATION CONTAINED IN THIS TELECOPY MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHOM IT IS ADDRESSED. IT MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER LAW. IF THE READER IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THIS MESSAGE TO THE INTENDED RECIPIENT, YOU ARE NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE UNITED STATES POSTAL SERVICE. THANK YOU.

# CREDIT APPLICATION

COMPANY INFORMATION					
LEGAL COMPANY NAME:		TRADE NAME OR D/B/A:			
ADDRESS:		CITY:	STATE:	ZIP CODE:	
PHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS/WEBSITE:			
TYPE OF BUSINESS (CIRCLE ONE): <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> WHOLESALE <input type="checkbox"/> RETAIL <input type="checkbox"/> OTHER _____					
TYPE OF ENTITY (CIRCLE ONE): <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLP <input type="checkbox"/> LLC					
IF A CORPORATION OR LLC, DATE OF INCORPORATION OR FORMATION:					
FEDERAL TAX I.D. NUMBER:		STATE TAX I.D. NUMBER ( <b>FLORIDA BUSINESSES ONLY</b> ):			
* SALES TAX OF 6.5% WILL APPLY TO ANY AND ALL GOODS OR SERVICES DELIVERED OR PERFORMED WITHIN THE STATE OF FLORIDA. (INCLUDING 'DROP-SHIPMENTS'.) IF EXEMPT, PLEASE ATTACH A COMPLETED <b>FLORIDA BLANKET CERTIFICATE OF RESALE</b> .					
NUMBER OF YEARS IN BUSINESS:		NUMBER OF YEARS UNDER CURRENT MANAGEMENT:			
DOES THE COMPANY OWN OR RENT ITS FACILITIES?		IF RENT, OWNER/LANDLORD'S NAME:			
PERSONAL INFORMATION ON OFFICERS, PARTNERS, OR GUARANTORS					
NAME:	ADDRESS:			SOCIAL SECURITY #:	
NAME:	ADDRESS:			SOCIAL SECURITY #:	
TRADE REFERENCES					
NOTE: IF YOUR COMPANY HAS PREPRINTED CREDIT INFORMATION, PLEASE ATTACH HERETO, HOWEVER, THE COMPANY INFORMATION, PERSONAL INFORMATION OF OFFICERS, PARTNERS, OR GUARANTORS, AND THE CREDIT APPLICATION AND SALES AGREEMENT SECTIONS OF THIS APPLICATION MUST BE COMPLETED.					
COMPANY:	CONTACT:	PHONE#:	FAX#:		
COMPANY:	CONTACT:	PHONE#:	FAX#:		
COMPANY:	CONTACT:	PHONE#:	FAX#:		
COMPANY:	CONTACT:	PHONE#:	FAX#:		
BANK REFERENCES					
BANK/BRANCH:	ACCOUNT NUMBER:	PHONE#:	FAX#:		
BANK/BRANCH:	ACCOUNT NUMBER:	PHONE#:	FAX#:		

DOES A BANK, INSURANCE COMPANY, OR OTHER CREDITOR HOLD A SECURITY INTEREST IN YOUR ACCOUNTS RECEIVABLE AND/OR INVENTORY FOR LOANS ADVANCED? (CIRCLE ONE)  Y  N

IF YES, STATE NAMES OF SECURITY INTEREST HOLDERS:

**FINANCIAL STATEMENTS**

PLEASE ATTACH A COPY OF YOUR MOST RECENT AUDITED ANNUAL FINANCIAL STATEMENTS OR SEC FORM 10K

**CREDIT APPLICATION PROVISIONS AND SALES AGREEMENT**

THE TERMS AND CONDITIONS OF THIS APPLICATION SHALL, UPON EXTENSION OF CREDIT BY GRADUATE PLASTICS D/B/A M&M PLASTICS AND QUANTUM STORAGE SYSTEMS, ITS SUCCESSORS OR ASSIGNS (HEREAFTER REFERRED AS "THE COMPANY") CONSTITUTE AN AGREEMENT OF SALE. THE APPLICANT AGREES TO BE BOUND TO THE TERMS AND CONDITIONS STATED IN THIS APPLICATION. THE PAYMENT TERMS FOR ALL SALES OF GOODS OR SERVICES WILL BE STATED ON THE COMPANY'S INVOICE. THE FAILURE TO PAY ON THE DUE DATE ON EACH INVOICE SHALL DEEM THE DEBT TO BE DELINQUENT, IN WHICH CASE THE COMPANY MAY CHARGE INTEREST, THE OF THE LOWER OF (A) ONE AND ONE HALF PERCENT PER MONTH OR (B) THE HIGHEST RATE PERMITTED BY LAW ON THE DELINQUENT BALANCE UNTIL PAID. IN THE EVENT OF A DELINQUENCY, THE COMPANY MAY RECOUP ANY DISCOUNTS TO BE APPLIED TO THE APPLICANT'S DEBT. ALL COLLECTION EXPENSES AND ATTORNEY'S FEES, AT BOTH TRIAL AND APPELLATE LEVELS, IN CONNECTION WITH THE COLLECTION OF THE DELINQUENT DEBT SHALL BE DUE AND PAYABLE BY THE APPLICANT. THE PARTIES HERETO KNOWINGLY AND INTENTIONALLY WAIVE THE RIGHT TO JURY TRIAL ON ANY ISSUE THAT MAY ARISE BETWEEN THEM. THE APPLICANT DOES HEREBY EXPRESSLY AND IRREVOCABLY WAIVE ANY NOTICE AND/OR HEARING WHICH MAY BE REQUIRED FOR PREJUDGMENT REMEDIES UNDER THE STATUTES OF THE STATE OF FLORIDA.

JURISDICTION AND VENUE SHALL BE MIAMI-DADE COUNTY, STATE OF FLORIDA.

THE UNDERSIGNED ATTESTS THAT HE OR SHE IS AN OFFICER OR AUTHORIZED REPRESENTATIVE OF THE APPLICANT FIRM, CAN ENTER INTO CONTRACTUAL AGREEMENTS ON ITS BEHALF, WARRANTS THAT ALL INFORMATION APPEARING ON THIS APPLICATION IS TRUE, AND HEREBY GIVES FULL PERMISSION TO M&M PLASTICS AND QUANTUM STORAGE SYSTEMS, ITS SUCCESSORS, ASSIGNS, AND AGENTS, TO INVESTIGATE SOURCES, INCLUDING, BUT NOT LIMITED TO THE TRADE AND BANK REFERENCES LISTED HEREIN, CREDIT REPORTING AND GOVERNMENT AGENCIES, PERTAINING TO THE APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY. THE APPLICANT AGREES TO COMPLY WITH THE TERMS AND CONDITIONS LISTED HEREIN. THE APPLICANT ALSO AGREES TO NOTIFY THE COMPANY IN WRITING WITHIN THIRTY (30) DAYS OF ANY MATERIAL CHANGE IN BUSINESS ORGANIZATION, FINANCIAL CONDITION, OR OWNERSHIP. M&M PLASTICS AND QUANTUM STORAGE SYSTEMS RESERVES THE RIGHT TO DENY CREDIT TERMS AT ITS SOLE DISCRETION AT ANY TIME. **UNSIGNED APPLICATIONS WILL BE REJECTED.**

SIGNATURE:	PRINT NAME AND TITLE:	DATE:
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**~ PERSONAL GUARANTY ~**

THE UNDERSIGNED INDIVIDUAL(S) IN CONSIDERATION ON THE COMPANY'S EXTENSION TO THE APPLICANT HEREBY AGREES TO PERSONALLY GUARANTEE ANY AND ALL OBLIGATIONS OF THE APPLICANT. THIS GUARANTY SHALL BE CONTINUING AND UNLIMITED AND MAY BE TERMINATED ONLY ON THIRTY DAY'S WRITTEN NOTICE TO THE COMPANY. THE COMPANY MAY EXERCISE ITS RIGHTS UNDER THIS GUARANTY WITHOUT FIRST TAKING ACTION AGAINST THE APPLICANT. THE UNDERSIGNED WAIVES NOTICE OF PAYMENT AND CONSENTS TO THE EXTENSION OR MODIFICATION OF THE CREDIT TERMS TO THE APPLICANT WITHOUT NOTICE

DATE:	WITNESS:	GUARANTOR SIGNATURE:
(IF NOTARY, AFFIX SEAL HERE)		PRINT NAME AND TITLE
		SOCIAL SECURITY #:
DATE:	WITNESS:	GUARANTOR SIGNATURE:
(IF NOTARY, AFFIX SEAL HERE)		PRINT NAME AND TITLE
		SOCIAL SECURITY #:

THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT (ECOA) PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST APPLICANTS ON THE BASIS OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, MARITAL STATUS, AGE (PROVIDED THE APPLICANT HAS THE CAPACITY TO ENTER INTO A BINDING CONTRACT); BECAUSE ALL OR PART OF THE APPLICANT'S INCOME DERIVED FROM ANY PUBLIC ASSISTANCE PROGRAM; OR BECAUSE THE APPLICANT HAS IN GOOD FAITH EXERCISED ANY RIGHT UNDER THE CONSUMER PROTECTION ACT. THE FEDERAL AGENCY THAT ADMINISTERS COMPLIANCE WITH THIS LAW IS THE FEDERAL TRADE COMMISSION, DIVISION OF CREDIT PRACTICES, 6TH AND PENNSYLVANIA AVENUE N.W., WASHINGTON, DC 20580

Purchaser \_\_\_\_\_

Address \_\_\_\_\_

RULE 39

FLORIDA DEPARTMENT OF REVENUE, SALES TAX DIVISION

**BLANKET CERTIFICATE OF RESALE**

*This is to certify that all material, merchandise, or goods purchased by the undersigned from the*

*after \_\_\_\_\_ (date) is purchased for the following purpose:*

- Resale as tangible personal property.
- To be incorporated as a material or part of other tangible personal property to be produced for sale by manufacturing, assembling, processing or refining.
- To be exported for sale, use, or consumption outside the continental limits of the United States.
- Other: \_\_\_\_\_

This certificate shall be considered a part of each order which we shall give provided such order contains our certificate number. This certificate is to continue in force until revoked.

CERTIF. NUMBER \_\_\_\_\_ BY \_\_\_\_\_



## WANT SOME ADDITIONAL CATALOGS OR PRODUCT FLYERS? WE'LL BE HAPPY TO SEND TO YOU.

So that we may maintain our records with up to date information, please complete the form and fax or mail it back to Quantum at your convenience. **Please be sure you provide your e-mail address to be included in Quantum's special pricing promotions and updates.**

Quantum Storage Systems  
15800 NW 15th Avenue  
Miami, Florida 33169  
Phone: 1 (800) 685-4665  
Fax: (305) 688-2790

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

\*Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Shipping Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

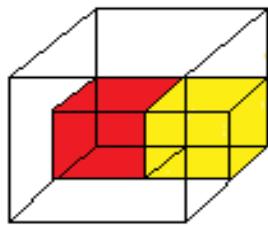
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

\*Please provide both mailing and shipping address. Include city, state and zip code.

Please send me the following literature at no charge. Kindly specify the amount needed.

- NEW! 2011 Quantum Storage Systems Full Product Catalog**
- NEW! RackBin 42" Container Product Bulletin Flyer**
- NEW! Collapsible Bulk Box Product Bulletin Flyer**
- NEW! Q-Peg Plastic Peg Board Product Bulletin Flyer**
- NEW! Plastic Utility Carts Product Bulletin Flyer**
- NEW! Clear-View Bins & Containers Product Bulletin Flyers**



**QUANTUM™  
STORAGE  
SYSTEMS**

(A DIVISION OF M&M PLASTICS)

**15800 NW 15th Avenue  
N Miami Beach, FL 33169  
PH 305-687-0405  
FX 305-688-2790  
[www.quantumstorage.com](http://www.quantumstorage.com)  
[sales@quantumstorage.com](mailto:sales@quantumstorage.com)**

#### **DISTRIBUTOR CONTACT FORM**

So that we may maintain our records with up to date information, please complete the information requested below and fax or mail this for to Quantum at your convenience.

Please send your response to:

**Attn: Order Entry / New Accounts / Account Update  
Fax# 305-688-2790**

#### **Account payables contact information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

#### **Purchasing contact information**

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

#### **Buyer contact information**

(Person who would receive literature, price lists, promotional flyers and/or mailouts)

Contact Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_