



11005 NW 33RD ST DORAL FL 33172

OFFICE: [\(305\)5929091](tel:(305)5929091)

[\(305\)5929081](tel:(305)5929081)

(+1)888-DEPLUS-8

SALES@DEPLUS.US

CASH ACCOUNTS

WWW.DEPLUS.US

COD ACCOUNT APPLICATION

Business Name: _____ Phone # _____

Address: _____ Fax # _____

City/State/Zip/Country: _____ E-mail: _____

Officers: 1- _____ 2- _____

Years in Business _____ Annual Revenue _____ Number of Employees _____

Resale certificate number: _____ (Please provide copy) _____

Derm Certificate Yes ☒ No _____ Cert # _____

EPA Certificate Yes _____ No _____ Cert # _____

CREDIT AGREEMENT

In consideration of Credit extended by Deplus A/C Supply, I/We agree to Deplus A/C Supply's term & conditions of sale.
Invoices issued will reflect terms of payment.

SIGNATURE

Signature on this Application consents to the terms and conditions of the above Agreement. Deplus A/C Supply is hereby authorized to check trade & banking references listed on this form.

Print Name 1 _____ Title _____

Signature 1 _____ Date _____

Print Name 2 _____ Title _____

Signature 2 _____ Date _____

Credit and Collections Department

Deplus A/C Supply

11005 NW 33RD ST DORAL FL 33172

Phone: [\(305\)5929091](tel:(305)5929091)

[\(305\)8000804](tel:(305)8000804)

(+1)888-DEPLUS-8

SALES@DEPLUS.US

Cell: 7865000501



**DEPLUS
A/C SUPPLY**

11005 NW 33RD ST DORAL FL 33172

OFFICE: [\(305\)5929091](tel:3055929091)

[\(305\)8000804](tel:3058000804)

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Cell: 7865000501

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OPEN ACCOUNT APPLICATION CREDIT

Business Name: _____ Phone # _____

Address: _____ Fax # _____

City/State/Zi'p/Country: _____ E-mail: _____

Officers: 1- _____ 2- _____

Years in Business _____ Annual Revenue _____ Number of Employees _____

Resale certificate number: _____ (Please provide copy)

TRADE REFERENCES (References verified by fax, please provide fax #)

Federal EINT # or Applicant's s.s # _____

Name: _____ Phone: _____ Contact: _____

City/State/Country: _____ Fax: _____

Name: _____ Phone: _____ Contact: _____

City/State/Country: _____ Fax: _____

Name: _____ Phone: _____ Contact: _____

City/State/Country: _____ Fax: _____

BANK REFERENCE

Primary Bank Name: _____ Phone: _____

Address: _____ Fax: _____

City/State/Country: _____ Contact: _____

CREDIT AGREEMENT

In consideration of Credit extended by Deplus A/C Supply. Invoices issued will reflect terms of payment. Failure To pay within terms as stated on the invoice may result in the entire balance becoming due & payable. Applicant agrees to pay any collection costs incurred to collect. any inpaid amount, including reasonable attorney's fees. A late charge of 1 ½% per month (18% annual percentage rate), or if less, the maximum allowable By law will be assessed on any invoice or unpaid part thereof which falls past due.

Please be advised that this form or application does not represent a credit approval. You should carefully read the attached sheet for all documents and information required in the event that your company is looking to apply for an open account or credits terms with Deplus A/C Supply. Please see page #2.

SIGNATURE

Signature on this Application consents to the terms and conditions for the above Credit Agreement. Deplus A/C Supply is hereby authorized to check trade & banking references listed on this form.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Just to open an account:

- 1- Photocopy of Corporate or Business Documents or Declaration
- 2- Photocopy of a Resale Certificate or Business License

Business Agreement

To: Deplus A/C Supply

Please sell and deliver to

Or representatives, on your usual credit terms of sale, Net 15th Prox. Such goods, wares, and merchandise as They or their representatives may order or select, and in consideration thereof I/We hereby fully Guarantee and hold myself/ourselves personally responsible for the payment at maturity of the purchase price of all such goods, wares, and merchandise so sold or delivered, whether evidence by open account, acceptance Hereof, amounts of sales, dates of shipments or deliveries, notice of default in payment and legal proceedings against the purchaser.

It is understood and agreed that there is no limit to my/our liability under this Agreement.

Now, should it become necessary to place this Agreement with an attorney for collection, suit, or other legal action, the undersigned agrees to pay all costs of collection, including a reasonable attorney's fee, whether or not suit be brought and including fees incurred in any appeals or bankruptcy proceedings.

I/We further agree that regardless of place of payment by Principal(s), all suits at law or in equity against Guarantor(s) shall be instituted and maintained in any court of competent jurisdiction in Doral, Florida.

Execution of this agreement authorizes **Deplus A/C Supply** to conduct a credit investigation for the basis of establishing credit.

Witness: my/our hand(s) and seal(s) this _____ day of _____ year _____

Witness

Printed

Name(s)

Guarantor(s)

Printed Name(s)

Credit and Collections Department
Deplus A/C Supply
11231 NW 20ST UNIT 138 MIAMI FL 33172
Phone: [\(305\)5929091](tel:3055929091) [\(305\)8000804](tel:3058000804)
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CREDIT CARD AUTHORIZATION FORM

Client Name: _____

☐ CARDHOLDER (Client)

Cardholder's Name _____

Cardholder's Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Card Number

--	--	--	--

 Expiration Date _____

Card Verification # (CVV Security Code) _____



* **SIGNATURE:**
(MUST MATCH
CARDHOLDER NAME)

X

I agree to pay the above total amount according to the card issuer agreement.
No refunds, credit only, all sales are final.

* \$

Date: _____

EZ PAY: Sign here for Monthly Auto-Charge or Balance of \$ _____

* **SIGNATURE:**
(MUST MATCH
CARDHOLDER NAME)

X

YES - Automatically process my card each month according to the credit status granted by **Danny Export LLC**. I agree to pay the balance due, per my signed contract or invoice. No refunds, credit only, all sales are final.

Date: _____

PROCESS ACCORDING TO CREDIT STATUS AS FOLLOWS:

Pre-Pay "Charge my card for my projected amounts until I cancel in writing." **NET 30** "Charge my card for my invoiced amounts until cancel in writing."

Please send an email: sales@deplus.us this form to our Billing Department for processing