



# New Account Application

Legal Business Name: (Must Match Sales Tax Certificate)

DBA Name if Applicable: (Must Match Sales Tax Certificate)

Billing Address:  
 STREET  
 CITY  STATE  ZIP

Shipping Address:  
 STREET  
 CITY  STATE  ZIP

Phone: (XXX-XXX-XXXX)  Driver's License #:

Web Address:

Owner's Full Name:  
 Owner

Co-Owner

Authorized Buyer

Additional Authorized Buyers and Owners (Include Titles):  
All Owners must sign and provide ID  
Email Address: required

Sales Tax Certificate #: (Must Include Copy of Certificate)  State:

Type of Business:  Corp  LLC  Partnership  Individual

Delivery Type:  Residential  Commercial  Fulfillment Center

Facebook Page:

## PAYMENT INFORMATION

Payment method (please only check one):  MC:  \* VISA:  \*\* AMEX:  COD Cash:  All prices quoted are cash prices. \*MC/VISA are 2% higher and \*\*AMEX is 3% higher

Name on Card:  Card #:  Exp Date:  V-Code:

Card Billing Address:  
 STREET  CITY  STATE  ZIP

Signature of Cardholder  **SIGN HERE**  
The cardholder must be an Owner or authorized buyer on this account. By signing below and providing credit card info, you are authorizing Peachstate Hobby Distribution, LLC to charge your credit card for any shipments that are pre-ordered or ordered. Please contact PHD to inquire about NET terms or checkwriting privileges. **A copy of the front and signed back of the credit card must be included with this form.**

## CUSTOMER AGREEMENT

The undersigned "Owner" certifies that the information on this application is true and correct to the best of his/her knowledge. The Owner and Peachstate Hobby Distribution, LLC ("PHD"), agree to submit any questions concerning execution of the credit terms to the jurisdiction and the judicial processes, laws, and tenets of the state of Florida. PHD reserves the right to obtain a credit report in order to establish terms.

**Payment Discrepancies**  
Payment for all products ordered and delivered to the applicant will be made in accordance with the payment and/or credit terms established. Fees will be assessed on any returned checks or ACHs. No items will be accepted for return without prior authorization. A 20% re-stocking fee will be applied to any authorized returned items. A 1½% finance charge will be assessed on any balance over 30 days. The Owner further acknowledges that all expenses incurred in the pursuit of collection of outstanding debts owed to PHD, including all legal and court fees, are the responsibility of the Owner. All product remains property of PHD, until paid for in full.

**Personal Guarantee**  
The Owner signed below hereby personally guarantees to pay in full any obligation of outstanding invoices, fees, and penalties accrued by the Business, to PHD. It is understood that this guarantee shall be a continuing and irrevocable guarantee, and indemnity for such indebtedness of PHD. By signing below, the Owner is agreeing to ALL terms stated on this application.

Print Name of Owner(s):   Social Security #:  Date:

PHD Rep Who Helped You:

Signature of Owner(s)  **SIGN HERE**  **SIGN HERE**