



Saez Distributors

8290 N.W. 25th STREET • MIAMI, FLORIDA 33122
TELEPHONE: (305) 592-2330 • FAX: (305) 477-0709

CREDIT APPLICATION

NAME OF APPLICANT			DATE
BUSINESS NAME			SS #
INDIVIDUAL			I.D. #
PARTNERSHIP		CORPORATION	
TAX EXEMPT YES	NO	IF YES, TAX EXEMPT NO.	
BUSINESS ADDRESS			
CITY	STATE	ZIP CODE	PHONE
HOME ADDRESS			FAX
CITY	STATE	I ZIP CODE	PHONE

LIST OF OFFICERS

1.	NAME	TITLE	SS #
2.	NAME	TITLE	SS #
3.	NAME	TITLE	SS #
JOB ADDRESS			
LENDING INSTITUTION			

BANK REFERENCES

1.	NAME	ADDRESS	ZIP CODE
	ACCOUNT NUMBER	OFFICER	
2.	NAME	ADDRESS	ZIP CODE
	ACCOUNT NUMBER	OFFICER	

CREDIT REFERENCES

1.	NAME	PHONE	FAX
	ADDRESS		ZIP CODE
2.	NAME	PHONE	FAX
	ADDRESS		ZIP CODE
3.	NAME	PHONE	FAX
	ADDRESS		ZIP CODE
4.	NAME	PHONE	FAX
	ADDRESS		ZIP CODE
5.	NAME	PHONE	FAX
	ADDRESS		ZIP CODE

APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS: Payment is due by the tenth (10th) day of the following month. If payment is not received by the twentieth (20th) day, the account will be deemed delinquent. A service charge of one and one-half percent (1-1/2%) per month will be applied per diem to all delinquent accounts. A handling surcharge of twenty percent (20%) will be made on all goods returned for credit for non special order products. In the event it becomes necessary for **FSD Group LLC d/b/a SAEZ DISTRIBUTORS** to retain counsel to collect on any invoice, the customer shall be **responsible to** pay in addition to the charges, attorney's fees and court costs.

SIGNATURE OF APPLICANT _____

INDIVIDUAL PERSONAL GUARANTY

I (We) for ourselves, our heirs, personal representatives, successors and assigns, respectfully hereinafter called "Guarantor" hereby agreed to:

FSD GROUP LLC d/b/a SAEZ DISTRIBUTORS

its successors and assigns, hereinafter called FSD GROUP LLC d/b/a SAEZ DISTRIBUTORS payment of the full amount including interest of any and all purchases, orders, advances, supplies to and all contractual indebtedness of and all acceptances and any other indebtedness or liability (whether primary or secondary) of:

to FSD GROUP LLC d/b/a SAEZ DISTRIBUTORS from time to time and at all times hereafter without limitation as to the amount, plus interest, court costs and reasonable attorney's fees.

The obligations hereunder shall be continuing and irrevocable. Guarantor hereby consents to FSD GROUP LLC d/b/a SAEZ DISTRIBUTORS from time to time extending the time for payment in whole or in part and hereby waive notice to obtaining consent from Guarantor.

Notice by FSD GROUP LLC d/b/a SAEZ DISTRIBUTORS of the acceptance of this guaranty is hereby waived. No act or omission of any kind by FSD GROUP LLC d/b/a SAEZ DISTRIBUTORS shall affect or impair this guaranty and FSD GROUP LLC d/b/a SAEZ DISTRIBUTORS shall have no duties to the Guarantors. Guarantors hereby agree that their obligations hereunder shall be absolute and primary and shall be complete and binding as to each Guarantor. Guarantors hereby agree that their obligations hereunder shall be absolute and primary and shall be complete and binding as to each Guarantor upon this guaranty being executed by such guarantor and subject to no conditions precedent or otherwise.

IN WITNESS WHEREOF, I have executed this guaranty at the city of _____ County of _____

the State of _____ this the _____ day of _____ 20 _____

SIGNATURE: _____ SIGNATURE: _____

Print Name: _____ Print Name: _____

Home Address: _____ Home Address: _____

Phone No.: _____ Phone No.: _____

SS #: _____ SS #: _____

THE STATE COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public in and for said County and State, on this day personally appeared _____, known to me to be the person(s) whose name is (are) subscribed to the foregoing instrument and acknowledged to me that the (they) executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the _____ day of _____, 20 _____