



209 N. Moss Rd Ste 103
Winter Springs, FL 32708

Phone: (407) 706-0086
(888) 421-4442
Fax #: (407) 706-0235

Account Application

Company Information:

Corporation Partnership Sole Proprietor LLC Other _____

Company Name: _____

President/Owner: _____

Billing address: _____ Shipping address: _____

Phone: _____ Fax: _____

email _____ www _____

Years in business? ____ Type of Business: _____

Products and/or Services _____

If we deliver to a Florida address you will be charged Sales Tax unless you provide a copy of your current Florida Resale Certificate.

Trade Reference:

Trade Reference:

Company Name: _____ Company Name: _____

Contact Name: _____ Contact Name: _____

Address: _____ Address: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

I hereby apply for an account from Kwixar, inc. and agree to the following terms: When credit is extended, payment in full must be made not later than 30 days from the date of shipment. Any invoice not paid within 30 days will be subject to a charge of 1.5% per month from date of shipment. In the event of litigation between Kwixar and Applicant in which Kwixar seeks to recover sums due from Applicant, the prevailing party of such litigation shall be entitled to recover from the non-prevailing party the reasonable costs and attorneys fees incurred by the prevailing party in such litigation. At the option of Kwixar, the venue and jurisdiction of any litigation between Kwixar and Applicant shall lie exclusively in the state courts of competent jurisdiction located in and for Seminole County, Florida. I hereby expressly consent to such jurisdiction and waive any other venue. By signing below I hereby accept full responsibility for any obligations related to this agreement.

Signature _____ Print Name _____

Title _____ Date _____

Fax the completed form to Kwixar, inc. 407-706-0235