



GT Distributing

385 SW 60th Avenue
Ocala, Florida 34474

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www.gtdistributing.com

CUSTOMER ACCOUNT INFORMATION & PAYMENT AGREEMENT

Legal Name: _____ DBA: _____
 Address: _____ City, State, Zip: _____
 Tobacco Lic # _____ Tax ID or SS# _____
 Sales Tax# _____ Drivers License# _____
 Type of Business: Individual LLC Corporation Owner/Officer _____
 Phone: _____ Title: _____
 (Cell) _____ (Fax) _____ Email: _____

TERM & CONDITION

All accounts are COD and payable upon receipt of products / delivery, unless other payment arrangement is made in advance. GT Distributing accepts Cash, Check, Money Order, and Certified Bank issued Check. Check payment may be subject to management approval. Customer understand and agree that any returned check is subject to service charge as permitted by law. In the event of returned check for any reason, any outstanding invoice due shall become payable immediately. In the event collection of amount owed is necessary, customer agrees to pay all collection costs, including any reasonable attorney fee and maximum interest rate permitted by law, until paid in full. Further, customer agree that all products delivered and/or in possession of customer remain property of GT Distributing until funds (payment by check) clear the bank account of both parties. In the event of any legal dispute between customer and GT Distributing should arise, the dispute shall be resolved in Marion County, Florida and shall be governed by laws of the State of Florida.

Customer understand and agree that products sold by GT Distributing is intended for sale in the State of Florida. Customer must report any damage product or shortage upon delivery or within 24 hours of delivery in order to receive credit. All sales are final unless specified. Certain products carry manufacturer warranty/guarantee and will be honored by the manufacturer in accordance with their policy. All tobacco/OTP sale in State of Florida include Florida tobacco/OTP tax. Customer shall comply with all applicable laws and regulations for products sold or transferred outside of Florida, including all taxes and fees.

AGREEMENT

By signing this Agreement, Customer accept the above Terms and Conditions as stated.

 Signature of Authorized Representative Name & Title Date

*****COPY OF TOBACCO & PERSONAL DRIVERS LICENSE MUST BE ATTACHED*****

FOR CHECK ACCEPTANCE (COPY OF CHECK MUST BE ATTACHED)

Bank Name: _____ Phone: _____
 Bank Location: _____ Contact: _____
 Checking Account # _____

Customer hereby authorize GT Distributing to inquire account history & verify related information with Financial institution.

Route: _____ W/H PU _____