

Discovery World Furniture Payment Agreement

Purchaser:

Business Name: _____
Mailing Address _____ City _____ State _____ Zip _____
Physical Address (if different from above) _____
Telephone: _____ Fax _____ Federal ID # _____
Type of Business _____ Date Established _____
Number of Employees _____ Estimated Annual Sales _____
Have you ever filed for bankruptcy? _____ If so, please explain _____

List Names of Corporate Officers, Partners or Owners:

Name: _____	Name: _____	Name: _____
Title: _____	Title: _____	Title: _____
Home Address: _____	Home Address: _____	Home Address: _____
_____	_____	_____
Phone: _____	Phone: _____	Phone: _____
SSN # _____	SSN # _____	SSN # _____
Drivers Lic.# _____	Drivers Lic.# _____	Drivers Lic.# _____

Bank Account Information

Banks Name: _____ ABA/Routing # _____
Address: _____ Checking Account # _____
_____ Authorized Signer(s) _____
Phone # _____
Contact: _____

Payment Terms

Company Check _____ N30 with Lyons Credit Approval _____
Credit Card _____ Check Man /Faxed Check _____
MC/Visa _____
Card # _____
Expiration Date: _____

Trade References

Business Name: _____	Business Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Contact: _____	Contact: _____
Annual Purchases _____	Annual Purchases _____

Agreement

I/We understand that accounts not paid when due are delinquent and subject to, late charges at the maximum legal rate of interest in the State of Florida. I/We further agree to pay all costs of collecting delinquent balances including reasonable attorney's fees. I/We hereby irrevocably submit to the jurisdiction of the courts of the State of Florida and to the Federal courts located in Seminole County, Florida, and consent to and grant any such court jurisdiction over the person of Applicant and over the subject matter of any dispute or action or proceeding to collect delinquent balances; and expressly waive any defense of lack of jurisdiction or improper venue. I/We hereby irrevocably agree that all claims with respect to such action or proceeding shall be heard and determined in such a Florida State or Federal court, and agree that service of process or of any other papers in connection with and such action or proceeding by registered mail at Applicant's address set forth herein, or in such other manners as may be permitted by law, shall be deemed good, proper and effective service upon Applicant.

Signature of Applicant(s) _____ Printed Name _____ Date _____
_____ Printed Name _____ Date _____