

## Application/Dealer Agreement

Company Name:					
Street Address:		Mailing Address:	Mailing Address:		
City:	State:	Country:	Zip Code:		
Telephone:		Fax:			
CEO/President:		Email:			
Controller/Chief Financial Officer:					
Accounts Payable Contact	:				
Owners Name:	Owners Phone:	Contact:			
Duns #	Tax ID #	Website Address:			

## Please attach a copy of the following

1. \*Owner's Driver's License

2. \*TN Limited Sales & Use Tax Permit

3. \*Tobacco & Cigarette Permit

4. \*Authorized Buyer's Driver's Licenses

Personal Guarantee Statement (Afzal Wholesale llc):

I hereby guarantee to Afzal Wholesale LLC, dba Afzal Wholesale LLC (hereafter referred to as Afzal Wholesale)the prompt payment, when due, of every claim which now exists, or may hereafter, arise in favor of Afzal Wholesale.

Against (Business Owner/Person responsible of payment)

This is a continuing guarantee and shall remain in force until revoked by notice in writing to Afzal Wholesale llc.

such revocation to be effective only as to claims of Afzal Wholesale which arise out of transactions entered into after its receipt and acknowledgment-

-of such notice.

In event that this guarantee is placed in the hands of an attorney for enforcement hereofthe undersigned promises and agrees to pay the reasonable

Attorney's fees to be fixed by the trial court and appellate court, if any.

The undersigned personally guarantees payment of all debt incurred to Afzal Wholesale LLC, dba Afzal Wholesale.

Dealer and their employees have a duty under law to be fully knowledgeable of, and comply with, all federal, state, and local laws, regulations and

ordinances applicable to the sales and transfer of tobacco product.

Dealer agrees not to export, directly or indirectly through an intermediary or third party, products from the United States without prior written consentfrom Afzal Wholsale LLC.

All information must be completed and submitted with original signatures.

Applic	ant	Sign	ature
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Printed Name

Date

## **Personal Guarantee**