

2 Friend's Design, Inc. Trade/Credit Application

Business Information

Name _____ Federal Tax No. _____
 Address _____ State Resale Tax No. _____
 City _____ State _____ Zip+4 _____ Phone No. _____
 Fax No. _____ E-mail _____ Co. Website _____

Owner & Type of Business

Corporation Partnership Sole Proprietor

If partnership, name partners. If corporation, name officer:

1. Name _____ Home Address _____
 Title _____ E-mail _____
 2. Name _____ Home Address _____
 Title _____ E-mail _____

Payment Options

Credit Card (All Orders) Prepay by company check
 Credit Card (1st order only) Net 30 Days Terms (subject to credit approval)

Bank Information

Bank Name _____
 City _____ State _____
 Phone No. _____ Account No. _____

Credit Card Information (Visa, MasterCard & Discover)

Credit Card # _____
 Expiration _____ CCV# _____ (3 Digit Verification # on Back of card)
 Please Select Credit Card Type:
 Corporate Personal Corp. Debit Personal Debit
 Cardholder Name _____
 Address _____
 City _____ State _____ Zip _____
 Signature _____ Date _____

Trade Reference (Minimum two - give complete information)

Check here if you have provided your own credit sheet, which you have attached.

1. _____ \$ _____
 Firm Name _____ Phone No. _____ High Credit Obtained _____
 Address _____ City _____ State _____ Zip+4 _____
 2. _____ \$ _____
 Firm Name _____ Phone No. _____ High Credit Obtained _____
 Address _____ City _____ State _____ Zip+4 _____

- Accounts requesting open credit must sign this Credit Agreement. Applicant's signature attests acceptance of agreements, financial responsibility, ability and willingness to pay. 2 Friend's Design, Inc. invoices in accordance with the following terms and conditions: Terms of payment are Net 30 Days from date of invoice of product or service.
- Interest will be paid to 2 Friend's Design, by the applicant, at the rate of 1.5% per month on all delinquent accounts.
- Applicant will be responsible for attorney's fees, court cost and post-judgement interest, if default litigation occurs. This agreement shall be enforced in accordance with the laws of the State of Indiana.
- The applicant hereby gives permission to disclose it experience with the Bank and Credit References as indicated below (or attached), to 2 Friend's Design. This information is to be used in consideration of granting an open account to the applicant.
- Acceptance of terms and conditions as hereby set forth by authorized person.

Signature: _____ Date: _____

Terms: Net thirty (30) days. Please allow 10-14 Business days time for response to your application.

Buyer Information

Buyer Name _____ Phone # _____
 E-mail _____
 Buyer Name _____ Phone # _____
 E-mail _____
 Type of Business/Describe Product Line _____

Person To Contact Regarding Payment

Name _____ Title _____
 Phone # _____ Fax # _____
 E-mail _____
 Credit Approved Credit Refused Account # _____
 Reason _____
 Username _____ Password _____
 Signed _____ Date _____

FOR OFFICE USE ONLY