

ORDWAY SIGN SUPPLY

16201 Vanowen Street Van Nuys, California 91406 (818) 908-9666 Fax (818) 908-9673 www.SignSupply.com

CREDIT APPLICATION

In order to be considered for an open account, this entire form must be completed.

Conditions and Terms Agreement

Accounts, subject to prior credit approval, are to be paid by check from invoice received with merchandise, and are payable within 30 days of the invoice date. Credit card payments made after 30 days are subject to a 3% surcharge. Any account past 30 days will be assessed 2% per month interest and is subject to suspension or cancellation until balance is paid.

Litigation Fees

Any charges incurred in collection of the account are the customer's responsibility, including attorney fees, court costs and collection agency fees.

Returned Check Charges

A \$25.00 service charge will be added to all checks returned by our bank.

Restocking Fees

Qualification of items wishing to be returned are at the discretion of Ordway Sign Supply Inc., and may be subject to up to 25% restocking fee, and/or issued for store credit only. No returned items will be accepted without prior approval. Special Order items do not qualify for return.

Individual Personal Guarantee

I, _____
residing at (Complete Address) _____ for and in
consideration of your extending credit at my request to _____
(Company's Name)
(hereinafter referred to at the "Company"), of which I am _____
(Title)
Hereby personally guarantee to you the payment at (Name of Bank) _____
in the State of _____ of any obligation of the company and I hereby
agree to bind myself to pay you on demand, all which may become due to you by the company
whenever the company shall fail to pay the same. It is understood that this guarantee shall be
continuing and irrevocable and indemnity for such indebtedness of the company. I do hereby waive
notice of default, non-payment and notice thereof and consent to any modification or renewal of the
credit agreement hereby guaranteed.

Signature: _____

Title: _____

Date: _____

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Application for Credit

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Date: _____

Company Name: _____

Company Address: _____

City: _____ State: _____ ZIP: _____ Yrs at Location: _____

Phone: _____ Fax: _____ Nr of Employees: _____

Federal Tax ID #: _____ Are P.O. # required: _____

Resale #: _____ Annual Sales: _____

(Attach Copy of Resale Certificate)

Dun & Bradstreet # _____

(If you have done business within the last three years under another name, list name and address here)

Officers/Principals

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ ZIP: _____ Home Phone: _____

DL #: _____ SSN: _____ Do You Own or Rent Your Home: _____

Have you ever declared Personal or Business bankruptcy: _____

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ ZIP: _____ Home Phone: _____

DL #: _____ SSN: _____ Do You Own or Rent Your Home: _____

Have you ever declared Personal or Business bankruptcy: _____

Credit References

Business Name: _____ Acct #: _____

Address: _____ Date Acct Opened: _____

City: _____ State: _____ ZIP: _____ Average Balance: _____

DL #: _____ SSN: _____

Phone: _____ Fax: _____

Business Name: _____ Acct #: _____

Address: _____ Date Acct Opened: _____

City: _____ State: _____ ZIP: _____ Average Balance: _____

DL #: _____ SSN: _____

Phone: _____ Fax: _____

Business Name: _____ Acct #: _____

Address: _____ Date Acct Opened: _____

City: _____ State: _____ ZIP: _____ Average Balance: _____

DL #: _____ SSN: _____

Phone: _____ Fax: _____

(If more space is necessary for references, a separate sheet may be attached)

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Bank Information

Bank Name: _____	Branch: _____
Address: _____	
City: _____	State: _____ ZIP: _____
Phone: _____	Fax: _____
Account Nr: _____	
Date Account Opened: _____	

I agree that any charges incurred and not paid 15 days past terms agreed (45 days), may be charged to my credit card, including current interest, not to exceed 4%.

AmEx Discover MasterCard Visa Card # _____ Exp Date: _____

Your signature below authorizes the release of credit information from the aforementioned references, including the bank, and indicates your understanding and acceptance of the terms listed within this credit application document.

Signed: _____

Title: _____ Date: _____

<u>3</u> High 600 - 999 Med 300 - 600 Low 100 - 300	<u>4</u> High 6000 - 9999 Med 3000 - 6000 Low 1000 - 3000	<u>5</u> High 66,000 - 99,999 Med 33,000 - 66,000 Low 10,000 - 33,000	<u>6</u> High 666,000 - 999,999 Med 333,000 - 666,000 Low 100,000 - 333,000
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Please Fax to (818) 908-9673.

Allow 1-2 weeks for response from your references and processing.

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