

Bulborama Credit Application And Agreement

CORPORATION L.L.C. Inc. SOLE PROPRIETORSHIP

Name: _____

Fed Tax ID or SSN (Sole Proprietor)#: _____

State Resale License Number #: _____

1. Phone #: (_____) _____

2. Fax #: (_____) _____

3. Business Physical Address (PO Box not accepted):

City: _____ State: _____ Zip: _____

4. Business Mailing Address (PO Box accepted):

City: _____ State: _____ Zip: _____

5. E-mail: _____ Website URL: _____

6. President/Owner/CEO: _____

7. Sole Proprietor Driver's License #: _____

8. Accounts Payable Contact:

_____ Phone: _____

9. Requested Amount of Credit: \$ _____

10. Preferred Method of Payment: Check Cash (COD) ATM/Debit* American Express*

Discover* Mastercard* Visa*

*Account#: _____ Exp: _____ Cardholder: _____

I agree to the following terms & conditions:

A. Terms are net 30 days.

B. Bulborama shall have the right to amend the terms and conditions of this agreement by advising me of its intentions to do so.

C. I, the undersigned, hereby agree that in the event of default in the payment of any amount due, and if the account is placed in the hands of an agency or attorney for collection or legal action to pay an additional charge equal to the cost of collection, including agency and attorney fees and court costs incurred and permitted by laws governing these transactions.

D. A service charge of 1/2% per month (18% annual percentage rate) will be applied to all balances unpaid on the first day of the second month following purchase.

E. If my account is not paid in 90 days, I authorize Bulborama to charge my credit card for the outstanding balance(s) plus any applicable interest and fees: Credit Card Type _____

C.C.# _____ Expiration _____ Cardholder Name _____

I hereby certify that all statements in this application are true and complete and made for the purpose of obtaining credit, and give the right to contact any references listed above.

Date: _____
(Signature of Owner or Person(s) Guaranteeing Payment)

Title(s): _____
(Print Name of Owner or Person(s) Guaranteeing Payment)

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TRADE REFERENCES:

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____

Contact: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____

Contact: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____

Contact: _____

BANK REFERENCES:

Bank #1 Name: _____

Bank Address: _____

Account #: _____

Phone: (____) _____ Fax: (____) _____

Contact Person: _____

Bank #2 Name: _____

Bank Address: _____

Account #: _____

Phone: (____) _____ Fax: (____) _____

Contact Person: _____