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www.promodirect.com

# CONFIDENTIAL CREDIT APPLICATION

Fax This Form To: 1-800-748-3326

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Rep: \_\_\_\_\_

## TERMS AND CONDITIONS

1. Payment terms are Net 30 days from date of shipment.
2. All amounts not paid as agreed herein shall accrue interest at the rate of 1-1/2% per month (18% per annum) or the highest rate permissible by law, whichever is less.
3. Applicant agrees to pay a service charge of \$25.00 for each check returned unpaid.
4. In the event of default in payment of any amount due hereunder, and if the account is placed with an outside attorney for collection, Applicant agrees to pay all reasonable collection costs, attorney fees and court costs.
5. All deduction claims must accompany invoice payment and be detailed in writing. No claim will be allowed if received more than 60 days after shipment.
6. No returns will be accepted without prior authorization.

## PERSONAL GUARANTY

I, \_\_\_\_\_, residing at \_\_\_\_\_  
(HOME ADDRESS)

for and in consideration of the extension of credit to \_\_\_\_\_  
(NAME OF COMPANY)

(hereinafter referred to as "Company") for such goods and services the Company may order, do hereby unconditionally guaranty payment of all amounts due to Promo Direct from the Company whether evidenced by open account, note, trade acceptance, draft or other evidence of debt. This guaranty shall continue in force until three days after Promo Direct receives written notice from me revoking same and any such revocation shall not in any way relieve me from liability for any indebtedness incurred prior to the receipt of such notice. I do hereby waive notice of default, non-payment and notice thereof. I also waive any right of prior presentation. I understand that Promo Direct may, at its option, seek collection from me independent of any action against the Company. I consent to any modification or renewal of the credit arrangement between Promo Direct and the Company and waive any right of notification thereof.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Witness:** \_\_\_\_\_

## ACCOUNTS PAYABLE CONTACT INFORMATION

**Accounts Payable Representative Name:** \_\_\_\_\_

**A/P Contact Number:** (\_\_\_\_\_) \_\_\_\_\_ **ext.** \_\_\_\_\_

**Fax Number:** (\_\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_