



The Promotional Products Superstore

# CREDIT APPLICATION

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

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931 American Pacific Dr., Ste 100  
Henderson, NV 89014  
Phone: (800) 748-6150 • (702) 534-4773  
Fax: (800) 748-3326  
www.promodirect.com  
e-mail: info@promodirect.com

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

## APPLICANT

LEGAL NAME \_\_\_\_\_ Under which name will you be submitting your orders?

TRADE NAME \_\_\_\_\_ Legal

BILLING ADDRESS \_\_\_\_\_ Trade

STREET ADDRESS (if different) \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

## TELL US ABOUT YOUR BUSINESS

FORM OF ORGANIZATION SOLE PROPIETOR  PARTNERSHIP  CORPORATION\*  \*if corporation, please sign personal guaranty on reverse.

MONTH AND YEAR COMPANY ESTABLISHED \_\_\_\_\_

NAME OF OWNER (PROP), PARTNERS OR CORP. OFFICERS \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_ D&B# \_\_\_\_\_ RATING, IF KNOWN \_\_\_\_\_

# OF EMPLOYEES \_\_\_\_\_ ANNUAL SALES \_\_\_\_\_ OFFICE LOCATION: OFFICE BLDG.  STORE  RESIDENCE

## BANK REFERENCE

BANK NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

ACCT# \_\_\_\_\_ LINE OF CREDIT \$ \_\_\_\_\_ Secured

## TRADE REFERENCES

Please give complete addresses including zip codes and phone or fax numbers.

NAME	ADDRESS	PHONE/FAX
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

The above information as well as that given on the reverse side of this page is for the purpose of obtaining credit from Promo Direct and is warranted to be true. I authorize you to investigate the above references and to obtain credit information from them. I agree to the terms and conditions of sale as stated on the reverse side of this page. Should a credit availability be granted by Promo Direct, all decisions with respect to the extension or continuation shall be in the sole discretion of Promo Direct. Promo Direct may terminate credit availability at any time within its sole discretion.

DATE \_\_\_\_\_ AUTHORIZED SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_

(CONTINUED ON NEXT PAGE)

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: \_\_\_\_\_  
\_\_\_\_\_