



CREDIT APPLICATION & AGREEMENT

LEGAL NAME: D/B/A: ADDRESS: CITY STATE: ZIP: PHONE: FAX: EMAIL: BUSINESS TYPE: COROPORATION ( ) PARTNERSHIP ( ) PROPRIETORSHIP ( ) PROPRIETOR, PARTNER(S) OR OFFICER INFORMATION:

Name Home Address Soc.Sec # or Dr.License # Name Home Address Soc.Sec # or Dr.License # LINE OF BUSINESS: STORE SIZE: SQ. FT. OWNED ( ) LEASED ( ) DATE BUSINESS ESTABLISHED: # OF LOCATIONS: RESALE NO. TAX ID

REFERENCES: (Give only the names of those you buy from on open account) Customer may provide his/her own reference sheet in lieu of writing in references. LIST FIVE MAJOR SUPLIERS:

- 1. NAME: PHONE: FAX: CONTACT: ACCOUNT#: ADDRESS: CITY: STATE: ZIP: 2. NAME: PHONE: FAX: CONTACT: ACCOUNT#: ADDRESS: CITY: STATE: ZIP: 3. NAME: PHONE: FAX: CONTACT: ACCOUNT#: ADDRESS: CITY: STATE: ZIP: 4. NAME: PHONE: FAX: CONTACT: ACCOUNT#: ADDRESS: CITY: STATE: ZIP: 5. NAME: PHONE: FAX: CONTACT: ACCOUNT#: ADDRESS: CITY: STATE: ZIP:

NOTE: COMPLETE INFORMATION MUST BE PROVIDED OTHERWISE APPLICATION WILL NOT BE PROCESSED (VERY IMPORTANT THAT FAX WOULD BE INCLUDED). BANK INFORMATION:

BANK NAME: PHONE: FAX: CONTACT: ACCOUNT#: ADDRESS: CITY: STATE: ZIP:

The information and statements in Puzzled,Inc. "Terms and Process Form" and all other information I have provided to Puzzled, Inc. are true, correct and complete, and are made for the purpose of inducing Puzzled,Inc. to establish an open account line of credit. Puzzled, Inc. is hereby expressly authorized to obtain any information it considers necessary from any source concerning the information provided. In consideration of, the applicant promises to pay for all purchases in accordance with the agreed terms of sale. If the applicant is unable to pay for purchases when due, the applicant agrees to pay and authorizes Puzzled to bill my/our account for interest computed at the rate of 12% per annum on any past due amount owing on my/our account. In the event it becomes necessary to incur collection costs or institute suit to collect any amount due under this agreement or any portion thereof, the applicant agrees to pay such additional collection expenses including attorney's fees. Puzzled, Inc. reserves the right to keep safely the provided credit card/debit card information from previous orders/current orders/future orders placed by the person/company that signed below. Puzzled, Inc. reserves the right to charge the credit card on file towards any invoice that is 60 days past due date without prior authorization, by signing this form you agree to our Net 30 account rules and automatic debt charge. For any past due open balance which requires Puzzled, Inc. to take legal actions against the undersigned to collect money owed, Puzzled, inc. reserves the right to sue within the Jurisdiction of the Los Angeles County Court of Law in California. This is regardless of where this contract was signed or where their business or residence is located. The undersigned by this Agreement does expressly, personally and continually guarantee payment for all goods and merchandise purchased by the applicant. The undersigned personally guaranties and assumes joint and several responsibility to Puzzled, Inc. along with company applicant. By signing this form, I hereby acknowledge that I have read and agree to the "Puzzled Sales Policy " and Terms.

SIGNATURE: DATE:

PRINT NAME: TITLE: