



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 FAX'S BE INCLUDE)

BANK INFORMATION:

BANK NAME: _____ PHONE: _____ FAX: _____ CONTACT: _____ ACCOUNT#: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EXPRESS TERMS AND CONDITIONS

The information and statements in this application are true, correct and complete, and are made for the purpose of inducing **Puzzled** to establish an open account line of credit. **Puzzled** is hereby expressly authorized to obtain any information it considers necessary from any source concerning the statements in this application.

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 10% 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.

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** along with company applicant

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

Puzzled

5310 Derry Ave, suite J, Agoura Hills, CA 91301

Phone: (818) 991-9245 • Fax: (818) 991-9294 • Toll Free: (888) 789-3533 • E-mail: Sales@PuzzledInc.com

Visit us at www.puzzledInc.com