

# NEW ACCOUNT APPLICATION

### **COMPANY INFORMATION**

COMPANY NAME		PHONPHON	E#(
ADDRESS		FA	X # ()
CITY		STATE	ZIP
IN BUSINESS SINCE	ES	TIMATED MONTHLY PURC	HASE \$
RESALE #	STATE_	FEDERAL TAX	ID
YOUR COMPANY IS A:	CORPORATION	PARTNERSHIP	SOLE OWNERSHIP

### **OWNERSHIP INFORMATION**

NAME	TITLE	
ADDRESS	PHONE # ()	)
CITY	STATE	ZIP
SOCIAL SECURITY DRIVER	LICENSE #	St
EMAIL		

### **TRADE REFERENCES**

	PHONE # ( _	
ADDRESS	FAX # (	
CITY	STATE	ZIP
	PHONE # ( _	
ADDRESS	FAX # (	
CITY	STATE	ZIP



NET 30 CHECK

# COMPANY CONTACT SHEET

ROSTER				
SALES MANAGER				
PURCHASING AGENT(S)				
ACCOUNTS PAYABLE				

Dapper LLC. sends out e-news to keep customers updated with new releases, price changes, and other important information. The purpose of shipping manager's e-mail address is to notify of tracking information.

#### SHIPPING ACCOUNT NUMBERS FOR 3RD PARTY BILLING

FFDFX	
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UPS

### ACCOUNT TYPE REQUESTED

CREDIT CARD ON SHIPMENT (BANK REF NOT NEEDED)

NET 30 CREDIT CARD

#### **RELEASE AUTHORIZATION**

THE APPLICANT UNDERSIGNED WILL PERSONALLY GUARANTEE ALL CORPORATE OBLIGATIONS, IF ANY, AS A RESULT OF THIS APPLICATION, HEREBY WAIVING ALL NOTICES OF DEFAULT.

SIGNATURE	PRINT	
TITLE	DATE	



# **CREDIT CARD AGREEMENT**

	DBA			
STREET ADDRESS ( BILLING)				
CITY		STATE	ZIP	
BUSINESS PHONE		FAX #	()	
RESALE #	STATE	FEDERAL TAX ID		
Cardholder agrees to pay for the above credit card. All charges are legal and sha			LLC. by his / her personal	
CARDHOLDER'S NAME				
(FIRST)	_(MIDDLE)	(LA	AST)	
STREET ADDRESS				
CITY STA	TE	ZIP PF	IONE	
V-CODE EXPIRES				

#### AGREEMENT OF CONDITIONAL SALE AND SECURITY AGREEMENT

It is agreed by undersigned that; (1) All goods and merchandise sold to the undersigned will be due and payable within the terms specified on each invoice as agreed; (2) Sums are to be paid within the agreed terms by the Cardholder; and (3) The undersigned shall pay all sums due and owing and sum resulting from action necessary to collect on any past due balances.

This gives Dapper LLC authority to charge the above credit card number.

SIGNATURE OF CARDHOLDER						
PRINT NAME	DATE _	/	/	/	,	

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