Annie International, Inc.

500 Church Road North Wales, PA 19454-4106 Tel: 267-677-1050 Fax: 215-699-8289 Toll Free Fax: 888-892-1832 ALL NEW ACCOUNTS WILL BE PREPAID

Account Application Form Company Name _____ Customer Acc#____ d.b.a, t/a, or a.k.a (if different from above) Tax I.D.# **PLEASE PROVIDE A COPY OF BUSINESS LICENSE OR BUSINESS REGISTRATION** **BILL TO ADDRESS:** Street Address _____ City _____ State ____ Zip Code ____ Country____ Country Code: ____Tel No: _____ Fax No: _____ Email ______ Date Business Established: _____ SHIP TO ADDRESS: Street Address _____ City State Zip Code Country Country Code: Tel No: Cell No: Fax No: Other Shipping Branches/Locations whose bills are guaranteed for payment by the above company: ** PLEASE PROVIDE AN ATTACHEMENT WITH ANY ADDITIONAL SHIP TO ADDRESSES** Special Shipping Instructions (If any): □Corporation □Partnership (LLC) □Sole Proprietorship Type of Business (Check all that apply): Retail Chain Wholesale CONTACT INFORMATION: Owner Information Name of Owner Title City State Zip Country_____ Owner's Address _____ Country Code: ____Phone No. ____ Fax No. □Yes \square No Can this person authorize payments for Invoices

Joint Owner/ Secondary Contact

Name _____ Title ____ Address _____ City State Zip Country ____

Country Code: ____Phone No. ______Fax No. _____

Can this person authorize payments for Invoices

□Yes

 \square No

Bank Reference:				
Bank Name		Address		
City, State, Zip Country				
Number				
Swift Code		Country Code_		
Telephone No		Fax No		
Trade References: (US Comp				
Name of Reference			Telephone No.	Acct No.
(1)				
(2)				
(3)				
I represent that the above information application, I hereby authorize all information concerning the finance	l trade references, banks,	and credit reporting a	agencies to disclose any a	
GENERAL TERMS AND CONI All invoices are due and payable terms will be considered past due and all collection fees incurred in unless satisfactory arrangements	according to the terms sp e. Past due invoices may be n order to obtain payment.	pecified on the invoice of subject to a 1.5% not additional credit	nonthly finance charge ar will be extended to past of	d the cost of any
Personal Guarantee: The under business and any drop-ship loca whether signing as an officer or corporation.	ations. If the credit acco	ount is a corporation	, then those signing this	application,
SIGNATURE		DATE		
PRINTED NAME		Sales Rep & Pr	ice Code	