

APPLICATION FOR OPEN ACCOUNT TERMS

Business Name: _____ Date: _____

Mailing Address: _____

Business Phone: _____ City _____ State _____ Zip _____
Fax#: _____

Number of years in business: _____

Legal Description of business:

Proprietorship

Partnership

Corporation

Do you operate or have you operated under any other name in the past two years? If yes, state company name and address.

Name: _____

Address: _____
City _____ State _____ Zip _____

Owner's, Officer's, Director's or Partner's Names (please print legibly):

1. _____ 2. _____

References (Please list only open account references)

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____ Fax #: _____

Phone #: _____ Fax #: _____

Account #: _____

Account #: _____

Credit Guidelines and Disclosures for Open Accounts

1. Once your account has been established, credit limits will be increased or reduced reflecting your record of payment. If your record shows prompt payment, we will be pleased to adjust your credit limit upward. A late or partial payment would require and adjustment of your credit limit accordingly.

2. If your account is turned over to a collection agency or attorney for collection, or in the event of default, all collection, legal expenses and reasonable attorney fees will be paid by the debtor. Collection and legal expenses shall include, but not be limited to, all costs of filing in legal process, service of Summons and Complaint, witness fees, collection fees and attorney fees. All filings will originate in Raleigh, NC.

Terms: All invoices are due and payable within (30) thirty days of the invoice ship date. A finance charge will be imposed on any amount thirty (30) days or more past due at a periodic rate of 2% per month (annual percentage rate is 24 per cent). This rate is based on your past due balance at the end of each billing period. **Please note: Orders placed on past due accounts cannot be processed on your open account without prior approval.**

I authorize you to investigate my credit record. I certify that the above information is correct and agree to the above guidelines and terms.

*Signature of the Owner/Partner or Officer _____ Title _____ Date _____

Authorized Signature Other than Above _____ Title _____ Date _____

Authorization to Release Bank Information

This is my authorization to release information to ScriptureWear, Inc. for the purpose of supporting the credit application and establishing an open credit line.

Name of your bank: _____ Bank Address: _____

Bank Phone #: _____ City, State, Zip: _____

Bank Fax #: _____ Your Account #: _____

Authorized Signature * _____

***PLEASE SIGN BOTH IN PLACES – WE MUST HAVE THIS TO PROCESS YOUR APPLICATION.**