



Fax back to 843-756-3920 Attn: New Accounts// Loris 843-756-3918

<p>Terms requested: Net 10 ___ COD ___ Company Check ___ Credit Card ___ EFT ___</p> <p>Legal Name of Company: _____</p> <p>Trade Name D/B/A: _____</p> <p>Billing/Mailing Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone number (area code first) _____ Fax number: _____</p> <p>Time at address: _____ Rent _____ Own _____</p> <p>Web Site Address: _____</p> <p>Type of Business: Corporation _____ Proprietorship _____ Partnership _____</p> <p>Tax Exempt Number: _____</p> <p>Years in Business: _____ Dunn and Bradstreet number _____</p> <p>Nature of Business: _____ Business operates from: Comm. Bldg _____ Home _____</p> <p>Person to Contact for Payment: _____</p> <p>Annual Sales Volume: \$ _____ Estimated Monthly Purchases: \$ _____</p>
<p>Principals:</p> <p>Name and Title: _____ Social Security Number: _____</p> <p>Address: _____</p> <p>E-mail Address: _____</p> <p>Date of Birth: _____</p> <p>Name and Title: _____ Social Security Number: _____</p> <p>Address: _____</p> <p>E-mail Address: _____</p> <p>Date of Birth: _____</p>
<p>Bank Information:</p> <p>Bank Name: _____ Contact: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Account Number: _____ Phone Number: _____</p> <p>Electronic Funds Transfer: EFT: Initial here to authorize transfer: _____</p> <p>Please provide a voided check with application</p>
<p>Credit Card Information: Visa _____ Mastercard _____ Discover _____</p> <p>Credit card number: _____ Expiration date _____</p> <p>Credit card billing address: _____ Phone _____</p> <p>I am an authorized signer on above card and hereby give FFS/FPG permission to bill the credit card when verbally or otherwise requested: Name on card: _____</p> <p>Signed: _____</p>

Trade Reference Information:

1. Company Name: _____	Account number _____
Address: _____	
Contact: _____	
City: _____	State _____ Zip _____
Phone: _____	Fax _____
2. Company Name: _____	Account number _____
Address: _____	
Contact: _____	
City: _____	State _____ Zip _____
Phone: _____	Fax _____
3. Company Name: _____	Account number _____
Address: _____	
Contact: _____	
City: _____	State _____ Zip _____
Phone: _____	Fax _____

This credit application and agreement is submitted by the undersigned authorized representative, which gives FFS/FPG the right to obtain trade credit. Customer agrees to make payment in full to FFS/FPG for all amounts due according to FFS/FPG invoice(s). Customer also agrees to pay FFS/FPG, as interest, an amount equal to 1.5% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. _____(Int.) Should customer default in any such payment(s), FFS/FPG shall have the right, without notice to customer, to declare all invoice amounts immediately due and payable. The undersigned, do hereby unconditionally guarantee all liabilities and obligations for entity named on account.

In the event FFS/FPG should commence any action or actions, or otherwise seek to enforce this agreement against customer or any guarantor, Customer agrees to pay reasonable attorney(s) fees, court and other expenses incurred by FFS/FPG, whether or not suit is filed. This agreement shall become effective upon acceptance by FFS/FPG. Authorization: the undersigned authorizes release of all banking and credit information, both business and/or personal requested by FFS/FPG. This form may be reproduced or photocopied and a faxed copy shall be as effective consent as the original which I have signed.

Authorized Signature: _____ Title _____ Date _____

Print Name Clearly _____

Indicate below which documents you wish to receive electronically.

Invoices ____ Statements ____ Both ____