



## CREDIT APPLICATION

The information requested on this form will be evaluated in determining whether or not we will extend the credit requested.

You are furnishing this information under penalty of perjury so that we may rely on it in making our decision.

Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date Established: \_\_\_\_\_ Type of Business:  Corporation  Partnership  Sole Owner

Web Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of Owner/Officer: \_\_\_\_\_

# of Employees: \_\_\_\_\_ Federal Tax I.D.#: \_\_\_\_\_ Resale #: \_\_\_\_\_

Major Product(s) Sold: \_\_\_\_\_ Sales Area: \_\_\_\_\_

Total Annual Sales Volume: \$ \_\_\_\_\_ Caps Sold Annually: \_\_\_\_\_ Dz. \$ \_\_\_\_\_ Dollars

### TRADE REFERENCES

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BANK REFERENCES

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

How long at Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Bank's Phone: \_\_\_\_\_ Bank's Fax: \_\_\_\_\_

Are you an ASI Member?  Y  N Number: \_\_\_\_\_ D&B Rated?  Y  N Number: \_\_\_\_\_

Has the firm or any of its Principals ever been bankrupt?  Y  N

If yes, Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TYPE OF CREDIT AGREEMENT**

OTTO International, Inc. reserves the right to revoke or cancel any terms and conditions if account is not maintained in accordance with this agreement. Credit term may changed to COD Cashier's Check/Money Order or prepaid for any late payments, non sufficient funds, fraud, or inactivity on the account.

Applicant agrees to pay any collection costs incurred to collect the balance amount, including reasonable attorney's fees. Applicant grants permission to obtain business or personal credit reports to determine credit approval. The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. You are authorized to investigate the credit references listed above. I declare under penalty of perjury that the foregoing information is true and correct. Executed on this \_\_\_\_\_(date) day of \_\_\_\_\_ (month).

\_\_\_\_\_  
Name - Print Signature Title

\_\_\_\_\_  
Name - Print Signature Title

**PERSONAL GUARANTEE**

In consideration of credit being extended by **LOGO MAX,INC.** to the above named applicant for merchandise to be purchased whether applicant be an individual, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to LOGO MAX,INC. the faithful payment, when due, of all accounts of said applicant for purchase made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guaranty, notice or extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by LOGO MAX,INC. extension of time of payment to applicant, acceptance of partial payment of partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guaranty. Any revocation of this guaranty shall be in writing and delivered to OTTO International, Inc.. Executed on this \_\_\_\_\_ (date) day of \_\_\_\_\_ (month).

\_\_\_\_\_  
Name - Print Signature Title

\_\_\_\_\_  
Name - Print Signature Title

**CREDIT DEPARTMENT USE ONLY**

Comments: \_\_\_\_\_

Date Line of Credit Approved: \_\_\_\_\_

Date Line of Credit Denied: \_\_\_\_\_

5566 HOLT BLVD, MONTCLAIR CA 91763

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