

NEW ACCOUNT INFORMATION

Open Account

* TO APPLY FOR NET 30 TERMS, PLEASE COMPLETE AND SIGN THE FOLLOWING APPLICATION PACKAGE. (2 PAGES TOTAL; 3 IF YOU ARE IN CALIFORNIA) SEND THEM BY EMAIL TO sandyn@franmara.com OR BY FAX AT 831-422-7000. IF YOUR "IN-HAND" DATE IS SOONER THAN 20 DAYS PLEASE PRE-PAY BY CHECK, VISA, MASTER CARD, AMERICAN EXPRESS, DISCOVER CARD, OR C.O.D.

* WE WISH TO:

REMAIN A PRE-PAYMENT ACCOUNT
SELECT TO PRE-PAY OUR FIRST ORDER ONLY
PRE-PAY BY CHECK
PRE-PAY BY C.O.D
PRE-PAY BY CREDIT CARD
ADDITIONAL SERVICES

* PLEASE ASSIGN PASSWORD, YOUR EMAIL ADDRESS IS USED AS YOUR USERNAME FOR ACCESS TO THE SHOPPING CART AT: <https://www.franmara.com/wholesale.php>
PREFERRED PASSWORD WOULD BE:

PLEASE LET US KNOW IF YOUR COMPANY WOULD PREFER RECEIVING INVOICES VIA EMAIL
PAPERLESS EMAIL ADDRESS:

cc PAPERLESS EMAIL ADDRESS:

Company and Billing Information:

PHYSICAL ADDRESS

* COMPANY NAME
* ADDRESS * CITY
* STATE * ZIP CODE

IF PHYSICAL ADDRESS IS DIFFERENT THAN BILLING ADDRESS, PLEASE ENTER BILLING ADDRESS BELOW

* COMPANY NAME * BILLING ADDRESS
* CITY * STATE
* ZIP CODE * TELEPHONE
* FAX NO * EMAIL ADDRESS

ACCOUNTS PAYABLE CONTACT INFORMATION

NAME EMAIL ADDRESS FOR ACCOUNTS PAYABLE DEPT.
PHONE NO. FOR ACCOUNTS PAYABLE DEPT. EXTENSION #

OTHER INFORMATION

* ASI# * OWNERSHIP
CORPORATION
* Year Established PARTNERSHIP
INDIVIDUAL VENTURE

Credit Card:

PLEASE NOTE: CREDIT CARD INFORMATION NOT REQUIRED IF APPLYING FOR NET 30, OR PRE-PAYS, CHECK, OR COD ACCOUNTS

* CARD TYPE: VISA
MASTER CARD * CARD NUMBER
AMERICAN EXPRESS * NAME ON CARD
DISCOVER
* EXPIRATION DATE * SIGNATURE
* SECURITY CODE

CREDIT APPLICATION and AGREEMENT

Personnel: Name of officers or partners, with stockholding or partnership interest of each

FULL NAME #1 RESIDENCE #1
CITY #1 TITLE #1
INTEREST IN BUSINESS #1
FULL NAME #2 RESIDENCE #2
CITY #2 TITLE #2
INTEREST IN BUSINESS #2

Trade References:

NAME #1	ACCOUNT NO. #1	EMAIL ADDRESS #1
FAX NO. #1	PHONE NO. #1	
NAME #2	ACCOUNT NO. #2	EMAIL ADDRESS #2
FAX NO. #2	PHONE NO. #2	
NAME #3	ACCOUNT NO. #3	EMAIL ADDRESS #3
FAX NO. #3	PHONE NO. #3	
NAME #4	ACCOUNT NO. #4	EMAIL ADDRESS #4
FAX NO. #4	PHONE NO. #4	

Financial Institutions:

ACCT NO. #1	PHONE NO. #1
ADDRESS #1	ZIPCODE #1
ACCT. NO. #1	
ACCT NO. #2	PHONE NO. #1
ADDRESS #2	ZIPCODE #2
ACCT. NO. #2	

TERMS UPON ARRROVAL:

Invoice terms are net 30 days. Any account over 30 past due will start accruing a 1.50% per month, 18% per annum interest charge. Any account becoming 60 days past due will be placed on a pre-payment basis until the account is brought current. Accounts that become 90 days past due will remain on a pre-payment basis until the account has been reviewed. Returns for other than defective merchandise will be subject to a 20% restocking charge. No returned merchandise will be accepted after 30 days. All returns must be shipped prepaid.

In consideration of, and in order to induce you to establish an open account line of credit based on the foregoing application, the undersigned promises to pay for monthly purchases in accordance with the terms stated above. If, at any time, for any reason, the undersigned is unable to pay for monthly purchases when due, the undersigned agrees to pay and authorizes Franmara, Inc. to bill my/our account, interest computed at the legal rate against any past due amount owing on my/our account, in the event that it becomes necessary for your company to incur collection costs or institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay such additional collection costs, charges and expenses, including reasonable attorney's fees if the account is placed in the hands of an attorney for collection.

PRINT NAME**TITLE****DATE****SIGNATURE**