

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:** **NOTE: * INDICATES REQUIRED ENTRY**

REMAIN A PRE-PAYMENT ACCOUNT
SELECT TO PRE-PAY ON 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 SHOPPING CART AT: <https://franmara.com>

PREFERRED PASSWORD WOULD BE:

Password: minimum 6 characters lower case only

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

* ZIPCODE

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

* COMPANY NAME

* BILLING ADDRESS

* CITY

* STATE

* ZIPCODE

* TELEPHONE

* FAX NUMBER

* EMAIL ADDRESS

*

ACCOUNTS PAYABLE CONTACT INFORMATION

NAME

EMAIL ADDRESS FOR ACCOUNTS PAYABLE DEPT.

PHONE NUMBER FOR ACCOUNTS PAYABLE DEPT

EXTENSION

OTHER INFORMATION

* ASI #

* OWNERSHIP

CORPORATION

PARTNERSHIP

* YEARS ESTABLISHED

INDIVIDUAL VENTURE

CREDIT CARD

* Card Type:

Please Note: Credit Card information not required if applying for Net 30, Pre Pays, Checks, or COD Accounts

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER CARD

* CARD NUMBER (ENTER CARD TYPE FIRST)

* NAME ON CARD

* EXPIRATION DATE

* SIGNATURE

* SECURITY CODE

CREDIT APPLICATION AND AGREEMENT

Personel: Names 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 #1	PHONE NO. #1	
NAME #2	ACCOUNT NO. #2	EMAIL ADDRESS #2
FAX #2	PHONE NO. #2	
NAME #3	ACCOUNT NO. #3	EMAIL ADDRESS #3
FAX #3	PHONE NO. #3	

FINANCIAL INSTITUTIONS:

ACCT NO. #1	PHONE NO. #1
ADDRESS #1	ZIPCODE #1
CITY, STATE #1	
ACCT NO. #2	PHONE NO. #2
ADDRESS #2	ZIPCODE #2
CITY, STATE #2	

TERMS UPON APPROVAL

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

FRANMARA, INC.
Fax (8310 422-7000)

**AUTHORIZATION TO RELEASE INFORMATION
 FOR COMMERCIAL CREDIT RATING**

OPEN ACCOUNT

Name of Bank: _____
 Street Address: _____
 State: _____ Zip: _____
 Phone: _____ Fax: _____

TYPES OF ACCOUNTS	BANK USE ONLY		
Checking Acct. No.	Date Opened	Average Balance (Circle)	
		High / Med / Low 1 2 3 4 5 6 7 8 9	
		High / Med / Low 1 2 3 4 5 6 7 8 9	
Savings Acct. No.		High / Med / Low 1 2 3 4 5 6 7 8 9	
		High / Med / Low 1 2 3 4 5 6 7 8 9	
Loan Amts.-unsecured		High / Med / Low 1 2 3 4 5 6 7 8 9	
		High / Med / Low 1 2 3 4 5 6 7 8 9	
ADDITIONAL COMMENTS			
	Authorized Signature		Date
	Please Print Name	Title	Title

**I HEREBY AUTHORIZE THE ABOVE NAMED INSTITUTIONS TO RELEASE INFORMATION TO
 FRANMARA, INC. FOR THE PURPOSES OF OBTAINING CREDIT.**

 Print Name Release Date

 Title Authorized Signature