

DSWF LLC (Rug Pad Wizard)

Mail to: P.O. Box 40, Sadelia NC 27342
Phone: (443) 524-5919, (800) 275-0915, Email: WinWin@RPWpad.com

NEW ACCOUNT APPLICATION

The undersigned company or individual is applying for credit with DSWF, LLC, its affiliates, subsidiaries, successors, and assigns, agrees to abide by the terms and conditions of this agreement as printed.

Company name _____

Trade Name (if different) _____

Contact person re: payment _____

Email: _____

Address _____

SHIP TO ADDRESS: _____

(If other then bill to) _____

If P.O. Box street address: _____

Receiving Hours _____

Circle Preferred Billing Method:

Mail

Email

Check

IPN

Phone: _____

Cell Phone for deliveries: _____

Fax: _____

Federal tax ID or Social Security number _____

Type of business _____

No. of employees _____

Date business established _____

Amount of credit requested \$ _____

Financial statement attached? _____ Will forward? _____ Years at current address _____

Are you a:

- CORPORATION
 LLC
 PARTNERSHIP
 SOLE PROPRIETORSHIP

State of incorporation _____

Date of incorporation _____

Are your sales tax exempt? Yes

Yes

No

If yes, tax # _____

(Do you have State tax ID #?)

(Please include copy of certificate)

Have you ever had credit with us before? Yes

Yes

No

If yes, under what name? _____

Authorized purchasers _____

Purchase order required? Yes

Yes

No

TRADE REFERENCES

Reference #1 **Name** _____
 Address _____
 Phone _____

Reference #2 **Name** _____
 Address _____
 Phone _____

Reference #3 **Name** _____
 Address _____
 Phone _____

BANK REFERENCES

Bank#1 **Account #** _____
 Phone _____
 Contact person _____
 Name of bank _____
 Address _____

Bank#2 **Account #** _____
 Phone _____
 Contact person _____
 Name of bank _____
 Address _____

I and my company represent that the above information is true and is given to induce DSWF LLC, its affiliates, subsidiaries, successors, and assigns, to extend credit to the applicant. I and my company authorize any company assigned, to make such credit investigation as DSWF LLC, or company assigned sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose DSWF LLC, or company assigned, any and all information concerning the financial and credit history of my company and myself.

I have read the terms and conditions stated below and understand and agree to all of these terms and conditions.

Authorized signature: _____

Printed name: _____

Date: _____ **Title:** _____

GENERAL TERMS AND CONDITIONS AND PERSONAL GUARANTEE

1. ALL BILLS BECOME PAYABLE IN FULL ON THE 15TH DAY FROM THE INVOICE DATE.
2. A SERVICE CHARGE OF \$25.00 AND 1 ½% PER MONTH, 18% PER ANNUM, WILL BE ADDED TO ALL PAST DUE AMOUNTS AT THE END OF EACH MONTH. NO ADDITIONAL CREDIT WILL BE EXTENDED TO PAST DUE ACCOUNTS UNLESS SATISFACTORY ARRANGEMENTS ARE MADE WITH OUR CREDIT DEPARTMENT. THERE IS A SURCHARGE FOR PAYMENTS BY CREDIT CARD. THERE IS A \$25 CHARGE FOR ALL RETURNED CHECKS.
3. Any account 60 days past its due date will be subject to legal action for collection, including interest charges and legal fees incurred by DSWF LLC.
4. **PERSONAL GUARANTEE:** If the credit customer is a corporation, then those signing this application, whether signing as an officer or not, personally guarantee payment for all items purchased on credit by the corporation.