



BUSINESS CREDIT APPLICATION

| CONTACT INFORMATION | |
|---------------------|-------|
| YOUR NAME | TITLE |
| EMAIL | PHONE |

| BUSINESS INFORMATION AS REGISTERED | | | |
|--|-------|----------|--|
| COMPANY NAME | | | |
| ADDRESS | | PHONE | |
| CITY | STATE | ZIP CODE | |
| LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS | | | |
| TYPE OF BUSINESS : SOLE PROPRIETORSHIP PARTNERSHIP LLC CORPORATION OTHER | | | |

| BANK INFORMATION | | | |
|------------------|-------|----------------|--|
| BANK NAME | | CONTACT NAME | |
| ADDRESS | | PHONE | |
| CITY | STATE | ZIP CODE | |
| TYPE OF ACCOUNT | | ACCOUNT NUMBER | |
| SAVINGS | | | |
| CHECKING | | | |
| OTHER | | | |

| BUSINESS REFERENCES |
|---|
| Please provide us at least three other companies your business has established credit with previously |

| | | |
|-------------|--------------|----------|
| 1 COMPANY | CONTACT NAME | |
| PHONE | EMAIL | |
| ADDRESS | TITLE | |
| CITY | STATE | ZIP CODE |
| COMMENTS | | |

| | | |
|-------------|--------------|----------|
| 2 COMPANY | CONTACT NAME | |
| PHONE | EMAIL | |
| ADDRESS | TITLE | |
| CITY | STATE | ZIP CODE |
| COMMENTS | | |

| BUSINESS REFERENCES | | | |
|---------------------|-------|--------------|--|
| | | | |
| 3 COMPANY | | CONTACT NAME | |
| PHONE | | EMAIL | |
| ADDRESS | | TITLE | |
| CITY | STATE | ZIP CODE | |
| COMMENTS | | | |

| | | | |
|-------------|-------|--------------|--|
| 4 COMPANY | | CONTACT NAME | |
| PHONE | | EMAIL | |
| ADDRESS | | TITLE | |
| CITY | STATE | ZIP CODE | |
| COMMENTS | | | |

| COMPANY REPRESENTATIVES/PERSONAL GUARANTEE | |
|--|------|
| 1 SIGNATURE | SSN: |
| NAME & TITLE: | DATE |

| | |
|---------------|------|
| 2 SIGNATURE | SSN: |
| NAME & TITLE: | DATE |

| NOTES & COMMENTS |
|------------------|
| |

| CREDIT AGREEMENT |
|---|
| <p>1 All invoices must be paid within terms agreed. Invoices not paid by due date will incur 10% late fees + additional interest.</p> <p>2 Any claims regarding an invoice issued must be made within 7 calendar days of the date issued.</p> <p>3 You authorize PEARL IMPORTS, INC. to inquire into the banking and business references provided within this application.</p> <p>4 Personal Guarantee will be required for all new clients and orders over \$1000.00.</p> <p>5 A deposit of 50% is required for every order for all new clients for the first year of business with Pearl Imports, this condition may be waived at Pearl Import’s discretion.</p> <p>6 This agreement shall be governed by the laws of California.</p> |

PLEASE FAX TO: 818-334-2088
DO NOT FORGET TO SIGN AND PROVIDE ALL NECESSARY INFORMATION