

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

FAX APPLICATION TO: 310-868-1114

BUSINESS CONTACT INFORMATION

Title:			
Company name			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address		Phone:	
City:	State:	ZIP Code:	
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within five business days.
3. By submitting this application, you authorize Cherry Man Industries, Inc. to make inquiries into the banking and business/trade references that you have supplied.
4. All questions with respect to the construction of this agreement, and the rights and liabilities of the parties hereto, shall be governed by the laws of the State of California. All litigation between the parties shall occur in the Superior Court for the County of Los Angeles, California.

SIGNATURES

Title:	Title:
Date:	Date: