

SAGEBRUSH FINE ART

Art That Sells.

CREDIT APPLICATION

Registered Business Name:

Date:

DBA: *(If different than registered name)*

Date Established:

Corporation:

Fed. Tax ID #:

Partnership

Sole Owner

SS#:

Resale #:

D&B #:

Accounts Payable Contact:

Phone #:

Street Address:

City:

State / Province:

Country:

Zip Code / Postal Code:

Phone:

Buyer Email:

Fax:

Accounts Payable Email:

Name, address & phone number of President and/or Principles of Company: *(must be filled out)*

Name of Bank, Account #, Address, Phone #, and Contact Name :

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Trade References (preferably other publishers) name and contact info:

Name: _____ Phone: _____

Contact Info: _____ FAX: _____

Name: _____ Phone: _____

Contact Info: _____ FAX: _____

Name: _____ Phone: _____

Contact Info: _____ FAX: _____

I (we) hereby authorize a review of my credit history and any and all information pertaining thereto in connection with the establishment of a trade account with SAGEBRUSH FINE ART. You are hereby authorized to verify any of the attached information and in connection therewith to contact any of the named persons or organizations. I (we) certify that the above statements are true and that no unfavorable information known to me (us) or called for has been omitted.

I hereby agree to pay in full within the prescribed terms of sale. The undersigned expressly agrees to make payment in full to you for all purchases in accordance with your invoices. Net 30 terms will revert to C.O.D. if account becomes 90 days outstanding.

All N.S.F. checks returned have a \$25.00 handling charge. All accounts from which SAGEBRUSH FINE ART receives an N.S.F. check will become a C.O.D. (cash only) or prepay account.

Should the undersigned default in any such payment, the undersigned expressly agrees to pay a reasonable attorney's fee, collection fees, and all the other costs and expenses incurred by SAGEBRUSH FINE ART in the collection of this account. Please allow 2-3 weeks for processing.

Signature

Title

Print Name

Company Name