

PLEASE CHECK ONE :

 NET 30 TERMS

 COD CO CHECK

APPLICATION FOR ACCOUNT WITH:

**STREAMLINE JEWELRY/SCREAM BODY JEWELRY
9410 PROTOTYPE DRIVE STE 9
RENO, NV 89521
775-851-2215 FAX 775-851-2213**

Company Name _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

How long in business _____ Corporation _____ Partnership _____ Sole owner _____

Principles: Name _____ Title _____

Home address _____ Phone _____

Soc. Sec. No. _____ Drivers License # & State _____

Retail Sales Tax ID# _____

BANK REFERENCE

Checking Acct. No _____ Bank _____

Address _____

Phone _____ Date Opened _____

BUSINESS REFERENCES

1. Name _____ Address _____

City _____ St _____ Zip _____ Ph. _____ Fax _____

2. Name _____ Address _____

City _____ St _____ Zip _____ Ph. _____ Fax _____

3. Name _____ Address _____

City _____ St _____ Zip _____ Ph. _____ Fax _____

4. Name _____ Address _____

City _____ St _____ Zip _____ Ph. _____ Fax _____

CONTINUED ON REVERSE SIDE

**IF APPLYING FOR NET 30 TERMS, PLEASE READ AND SIGN SECTION ONE
COD CO CHECK READ AND SIGN SECTION TWO**

(SECTION ONE)

TERMS:

CREDIT TERMS ARE NET 30 UPON RECEIPT OF INVOICE. WE OFFER A 7-DAY GRACE PERIOD TO ALLOW FOR DELIVERY. THERE WILL BE A 1.5% FINANCE CHARGE ON ALL INVOICES NOT PAID WITHIN THE TERMS OF THIS AGREEMENT. ACCOUNTS OVER 30 DAYS WILL BE SHIPPED ON A C.O.D. BASIS AND RELINQUISH THEIR PRIVILEGE TO CREDIT UNTIL SATISFACTORY CREDIT IS RESTORED.

I/WE UNDERSTAND AND AGREE THAT THE INFORMATION PROVIDED IS FOR THE PURPOSE OF OBTAINING MERCHANDISE ON CREDIT. I/WE FURTHER UNDERSTAND AND AGREE THAT ALL ACCOUNTS OR MONIES DUE TO **Streamline Jewelry/Scream Body Jewelry** SHALL BE PAID IN ACCORDANCE WITH THE CREDIT TERMS STATED ABOVE AND AGREE TO PAY ALL REASONABLE COSTS OF COLLECTION, IN ADDITION TO ANY COURT COSTS AND/OR ATTORNEY FEES INCURRED. I/WE AUTHORIZE INVESTIGATION OF CREDIT HISTORY AND CREDIT REFERENCES.

BY: _____ SIGNATURE _____ DATE _____
Name & title (please print)

GUARANTOR NAME: _____, INDIVIDUAL SS# _____

SIGNATURE: _____ DATE _____

(SECTION TWO)

COD COMPANY CHECK:

I/WE, THE UNDERSIGNED, DO HEREBY GUARANTEE PAYMENT, AS AN INDIVIDUAL, OF ANY INDEBTEDNESS INCURRED. ACCOUNTS THAT HAVE A RETURNED CHECK WILL BE REQUIRED TO SEND A MONEY ORDER OR CERTIFIED CHECK FOR THE AMOUNT OF THE CHECK PLUS A \$20.00 RETURNED CHECK FEE BY PRIORITY MAIL OR MAY PAY BY CREDIT CARD. PAST DUE ACCOUNTS AND ACCOUNTS WITH RETURNED CHECKS WILL REVERT C.O.D. CASH TERMS.

GUARANTOR NAME: _____, INDIVIDUAL SS# _____

SIGNATURE: _____ DATE _____

GUARANTOR NAME: _____, INDIVIDUAL SS# _____

SIGNATURE: _____ DATE _____