OPEN ACCOUNT AGREEMENT



Individually Guaranteed Signature:

FOR OFFICIAL USE ONLY:				
Customer #	Туре	Rt		
Date	_ PO Required			
Account Limit	Approved By			

_ Date:____

949-639-0001 Fax 949-63	00 0217				
Company Name:	Phone:				
dba (If Applicable):	Fax #:				
Business Address:			Corporation:		
City: State:		Zip:	Partnership:		
A/P Manager:	Email:		Sole Proprietorship:		
TRADE REFERENCES:		BANK REFEREN			
1. Name:		Name:			
Address:		Account #:			
City:	State:	Address:			
Zip: Pho	one:	City:	Zip:		
2. Name:		Bank Contact:			
Address:		Phone:			
City:	State:	Seller's Permit Number			
Zip:Pho	one:	— Seller 3 Perillit Null	(Required)		
 Full payment is due on MONDAY OF EACH WEEK for products delivered THRU THE PREVIOUS FRIDAY. An open account is offered to those customers who will average five hundred dollars (\$500) or more per month in charges. All legal fees, court costs, and collection fees will be paid by the applicant, in case of default on the terms of this agreement. Interest will be paid to Business Cards Tomorrow (BCT), by the applicant, at the rate of one and one-half percent (1 1/2%) per month, on all money due to Business Cards Tomorrow (BCT) which is over 30 days old. All work and services performed by Business Cards Tomorrow (BCT) shall not pass totally to the applicant until all money due to Business Cards Tomorrow (BCT) is paid in full. A Thirty Five dollar (\$35.00) service charge will be charged on all returned checks. The applicant hereby gives permission to disclose its experience with the bank indicated above to Business Cards Tomorrow (BCT). This information is to be used in consideration of granting an open account to the applicant. 					
ACCEPTANCE OF TERM	MS AND CONDITIO	ONS AS HEREBY SET	FORTH AUTHORIZED PERSON.		
Signed:		Title:	Date:		
applicant to Business Card	ds Tomorrow (BCT) a	s an inducement for the			
		Social Security #:			
			one:		
City:		State:	Zip:		