



Kaleidoscope Imprints, Inc. Credit Agreement
103 C Mid Tech Drive, West Yarmouth MA 02673 Ph: 508.778.1228 • Fx: 508.790.2115
Contact: cheri@kaleidoscopeimprints.com

GENERAL INFORMATION

Name of person completing application _____

Complete Business Name: _____

Business address: _____
STREET CITY, STATE, ZIP

Federal ID# or Social Security No. _____

Contact Person _____ Title _____

Business Ph. _____ Business Fx. _____

Email Address: _____

If Business is a Corporation, please complete the following: State of Incorporation: _____

Corporate Officers: _____

BUSINESS INFORMATION:

Sales Tax Status: Taxable Exempt (If exempt, attach Exemption Certificate to this form)

Does your company use purchase orders? Yes No

Do you prefer monthly statements to be mailed _____ or emailed? _____

How much credit do you require for this account? \$ _____ monthly.

Specify, by full name and title if any, those employees who are authorized to charge purchases and or specify purchase order requirements. _____

CREDIT INFORMATION:

Bank Name: _____ Checking Account# _____

Supplier/Commercial References Two must be local and active. Similar Trade/Business preferred.

NAME	ADDRESS	PHONE	CONTACT PERSON
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Have you, or any corporation of which you were an officer or director, or a partnership of which you were a member ever filed Bankruptcy? Yes _____ No _____. If yes, please list date, state and name of entity. _____.

TERMS OF CREDIT:

The Debtor / Applicant states that it has disclosed the above information for the purpose of obtaining credit and it warrants that is true. Any misrepresentation as to the information requested shall be grounds for denial of credit or immediate revocation of credit. In consideration of any extension of credit by Kaleidoscope Imprints, Inc., I/We agree to the terms of the sale, return policy and the following terms of credit:

1. All payments due and payable F.O.B. Kaleidoscope Imprints, Inc., unless otherwise specified on the invoice.
2. Kaleidoscope Imprints, Inc. will assess a service charge of 1.5% per month, 18% per annum, on all balances over 30 days past due.
3. If Kaleidoscope Imprints, Inc., shall be required to place any sums outstanding in the hands of an agency for collection, all costs of collection (not to exceed 33 1/3 %) shall be added to the unpaid balance, whether or not legal action is instituted. This does not apply to any accounts placed in the hands of an attorney for collection purposes.
4. Any Debtor / Applicant shall be liable for all attorney's fees and collection costs incurred by Kaleidoscope Imprints, Inc. in collection of any past due balance.
5. The Debtor / Applicant shall provide whatever personal guarantees Kaleidoscope Imprints, Inc., deems necessary, and shall execute the guaranty included below.
6. The Debtor / Applicant authorize any credit investigation needed for action on this application. The Debtor / Applicant also agrees that accounts receivable information may be reported by Kaleidoscope Imprints, Inc., to various credit agencies.

Signed _____ Date _____ And also individually:

WITNESS TO THE ABOVE SIGNATURE: _____

GUARANTY

(to be completed by all applicants unless otherwise instructed by Kaleidoscope Imprints, Inc.,)

1. In consideration of Kaleidoscope Imprints, Inc., extending credit to the Debtor / Applicant, the undersigned personally and unconditionally guarantees payment to Kaleidoscope Imprints, Inc., of all amounts owed by the Debtor / Applicant to Kaleidoscope Imprints, Inc., and any payments which may become due to Kaleidoscope Imprints, Inc. in the future.
2. It is understood that this guaranty shall be a continuing and irrevocable guarantee and indemnity for such indebtedness or from time to time renew it after it has been satisfied.
3. I do hereby waive notice of default, non-payment and notice thereof and consent to any modification or renewal agreement of the credit agreement hereby guaranteed.
4. I do hereby agree that my credit reports may be ordered from time to time by Kaleidoscope Imprints, Inc. or its agents or designees and that the department of motor vehicles may release my motor vehicle and address details for verification and or if we need to locate you.
5. The undersigned shall also be liable for all attorney fees, interest and other collection costs incurred by Kaleidoscope Imprints, Inc., in its attempt to collect from the Debtor / Applicant or to enforce this guaranty.
6. This guaranty shall also attach to and follow any assignment or reassignment of the accounts assigned pursuant hereto.
7. This guaranty shall be binding upon the executor or personal representative, and successors and assigns of the undersigned.

In witness thereof, I/We have signed and sealed this guaranty on the date of _____

SIGNATURE: _____

NAME: _____

ADDRESS: _____

HOME PH _____

CELL PH _____

DRIVER LICENSE: STATE _____ & DRIVER LICENSE # _____

SS NO.: _____

WITNESS TO THE ABOVE SIGNATURE: _____