

APPLICATION FOR OPEN ACCOUNT

Choose-Your-Gift.com

Credit applied for: \$ _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax #: _____ E-mail: _____

President/Owner: _____ Contact/Title: _____

Type of Entity: Sole Proprietor: ____ Partnership: ____ Corporation: ____ Other: _____

Type of business/organization: _____

SSN or Federal ID #: _____ Dun & Bradstreet #: _____

Program Duration: _____ Estimated Volume & Value: _____

Bank Reference:

Name: _____ Phone/Fax: _____

Address: _____ Contact: _____

Trade References:

1. Name: _____ Phone/Fax: _____

Address: _____ Contact: _____

2. Name: _____ Phone/Fax: _____

Address: _____ Contact: _____

3. Name: _____ Phone/Fax: _____

Address: _____ Contact: _____

Terms and Conditions: Our terms are Net 10 days from date of invoice. I understand that by signing this application, I agree to these payment terms. I authorize Choose-Your-Gift.com to research our credit history and follow up with references shown on this application.

Completion of this application is not meant to be construed as acceptance for Open Account. Applicant will be notified when credit has been approved. If credit is not approved, cash or charge card with order are required.

Owner/Officer Signature: _____ Date: _____

Title: _____

Credit Department Use

Authorized Credit Limit : \$ _____

By: _____ Date: _____