

Elegant Moments[®]

P.O. Box 9 Peckville, PA 18452 Phone: 800-876-4363 Fax: (570)-489-5619

APPLICATION FOR CREDIT

This Application Must Be Filled Out Completely To Be Processed. (Please Type Or Print)

Business Name _____ Date _____

Other Trade Name Used _____

Contact Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone # (_____) _____ Fax # (_____) _____

Sales Tax # _____ (if applicable)

How Long in Business? _____ How Long at this Location? _____

D&B # _____ Type of Ownership: Corporation Partnership Proprietorship

Principal Officers – Please List

Name: _____ Position: _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____

Principal Officers – Please List

Name: _____ Position: _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____

Principal Officers – Please List

Name: _____ Position: _____

Address _____ City _____ State _____ Zip _____

Telephone # (_____) _____

Credit Limit Requested: \$ _____

Anticipated Annual Volume: \$ _____

TRADE REFERENCES

Company Name _____
Contact Name _____
Street Address _____
City _____ State _____ Zip _____
Phone (_____) _____ ext. _____ Fax (_____) _____
Email _____ Credit Limit _____
Account # _____ Terms _____

Company Name _____
Contact Name _____
Street Address _____
City _____ State _____ Zip _____
Phone (_____) _____ ext. _____ Fax (_____) _____
Email _____ Credit Limit _____
Account # _____ Terms _____

Company Name _____
Contact Name _____
Street Address _____
City _____ State _____ Zip _____
Phone (_____) _____ ext. _____ Fax (_____) _____
Email _____ Credit Limit _____
Account # _____ Terms _____

Company Name _____
Contact Name _____
Street Address _____
City _____ State _____ Zip _____
Phone (_____) _____ ext. _____ Fax (_____) _____
Email _____ Credit Limit _____
Account # _____ Terms _____

BANK REFERENCE

Bank Name _____ Contact Person _____
Street Address _____ City _____ State _____ Zip _____
Telephone # (_____) _____
Account # _____ Type of Account # _____

THIS MUST BE SIGNED PERSONALLY BY COMPANY PRINCIPAL OR OFFICER

THIS AUTHORIZES all banks, savings and loan associations, lending institutions, credit reporting agencies, credit bureaus and any and all other concerns that may have credit information and/or credit history concerning the below indicated business to furnish full and complete credit reports and information to Elegant Moments, Inc. If the applicant is a corporation, applicant will designate a principal officer who will individually guarantee all payments and indebtedness to Elegant Moments, Inc.

Additionally, the parties hereto mutually agree that Lackawanna County, Pennsylvania shall be the exclusive venue for any litigation arising directly or indirectly from any manner relating to this agreement and that this agreement shall be governed in accordance with Pennsylvania law. It is agreed and understood that title for all goods shall remain with Elegant Moments, Inc. and not pass until such time as all invoices are paid in full.

Applicant: _____ Elegant Moments, Inc. _____
By: _____ By: _____

PERSONAL GUARANTEE

IN CONSIDERATION of your extending credit to the _____ company, the undersigned, as a principal officer of _____ company, unconditionally guarantees payment of whatever amount furnished or sold whether the indebtedness is in the form of notes, bills or open account. This shall be an open and continuing guarantee and shall continue in force notwithstanding any change in form of indebtedness or renewals or extensions granted by Elegant Moments, Inc., without obtaining and consent thereto and until expressly revoked by written notice from the undersigned received by Elegant Moments, Inc., by certified return receipt mail. Such revocation shall not in any manner affect the liability of the undersigned based upon orders placed, indebtedness incurred on account status prior to receipt of any such revocation in the event that Elegant Moments, Inc. shall incur collection costs including any reasonable attorney's fees in order to enforce this guarantee, any and all expenses including any reasonable attorney's fees shall be paid by guarantor. Demand for payment and notice of protest is hereby waived. By signature to this guarantee, the undersigned hereby consents to jurisdiction of the courts of the State of Pennsylvania and specifically agrees to venue in Lackawanna County, Pennsylvania, attendant to any proceedings brought to enforce this guarantee.

Guarantor: _____ Social Security #: _____
(Signature) _____
Home Address: _____
(Print Name) _____
Date: _____ Home Phone #: _____

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TO BE FILLED OUT BY CUSTOMER

NAME OF BUSINESS: _____

CONTACT NAME: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

PERSON AUTHORIZING RELEASE OF BANKING INFORMATION

NAME OF BANK: _____

ADDRESS OF BANK: _____

CONTACT: _____

Signature

Name (print)

Position

TO BE FILLED OUT BY BANK

DATE ACCOUNT OPENED: _____

AVERAGE BALANCE: _____

N.S.F. ACTIVITY IN THE LAST 90 DAYS: _____

IS THE ABOVE SIGNATURE ALLOWED TO SIGN ON THE ACCOUNT?: YES: _____ NO: _____

CREDIT HISTORY: _____

COMMENTS: _____

SIGNATURE

NAME (PRINT)

TITLE

DATE