

Credit Application

PLEASE PROVIDE ALL THE REQUIRED INFORMATION

Please fill out and email a signed copy to info@wsdisplay.com.

For any questions call (800) 640-9544 Dial 1

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:		
Legal Form Under Which Business Operates:	Corporation	Partnership	Proprietorship
If Division/Subsidiary, Name of Parent Company:	In Business Since:		
Name of Company Principal Responsible for Business Transactions:	Title:	% of Ownership	
Address:	City:	State:	ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:	% of Ownership	
Address:	City:	State:	ZIP: Phone:

Bank References

Institution Name:		
Checking Account #:	Savings Account #:	Loan: Account #:
Address:		
City:	State:	ZIP: Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Fax:	Fax:	Fax:
Email:	Email:	Email:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

WS Display Purchase Agreement

Amounts due as a result of any and all purchases hereafter made by the customer of WS Display will be paid to WS Display on the following terms and conditions:

Terms: Due and payable in full within 30 days from the invoice date, unless otherwise agreed upon in writing. Accounts 60 days old may be placed on credit hold. Past due invoices may be charged a 1.5% interest rate per month. Please note that credit arrangements may be terminated without notice at the discretion of the creditor. Legal action may be taken after an account is 90 days old.

Bad Checks: A service charge of \$35.00 will be applied to each returned check.

Failure to Pay or Insolvency: Failure by the customer to pay any part of the purchase price when due, or in the event that proceedings in bankruptcy, receivership, or insolvency are instituted by or against customer or his property, WS Display. Upon notice to the customer and after a 30-day cure period, may at its option, cause the entire unpaid balance to become due and immediately payable. Recovery cost of up to 40% of the balance of the invoice may be added to your account. In addition, failure to pay may be reported to a credit reporting agency, affecting your credit.

Entire Agreement: This agreement covers all materials which the customer hereafter acquire at any time from WS Display. No waivers or modifications shall be valid unless the same are in writing and executed by the parties hereto. This contract shall apply and accrue to the benefit of, and be binding upon, the heirs, executors, administrators, successors, and assigns of the respective parties.

Litigation: In the event of any litigation arising out of this agreement, the prevailing party shall be entitled to its reasonable costs and expenses incurred including reasonable attorney's fees.

State Laws: This agreement shall be governed by the laws of the state of California, in which this credit is extended.

Receipt of Copy: The customer hereby acknowledges the receipt of a copy of the agreement at the time of its execution.

I would like to be considered for Net 30 day terms, with a credit line of \$_____.

Provide 9 digit DUNS Number (Dun & Bradstreet) #_____

As policy, WSDisplay uses your DUNS results to make credit-worthy decisions regarding your application.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Accepted by Customer:

(Must be owner, partner, or officer of corporation.)

Date:_____

Print Name_____

Title_____

Signature_____

Accepted by WS Display:

Date:_____

Print Name_____

Title_____

Signature_____