

We appreciate your cooperation in filling out, signing and returning this form
 By Email: cs@michaeljondesigns.com By Fax: (323) 582-5533

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 800.618.4586 / 323.582.0166 ph 323.582.5533 fax

(Office Use Only)
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MICHAELJONDESIGNS

TRADE ACCOUNT APPLICATION

Terms (Office Use Only)

Corporate Name &/or Dba Name:	Phone Number	Fax Number	Date
Address (BILL TO)		City	State/ZIP
Address (SHIP TO) if different from BILL TO		City	State/ZIP
Please provide an Email address to receive your Invoices and Promotional Mailings:		Name of Contact Person	Date Business Established
Names of Owners / Partners / Principles			

**** IF BUSINESS LOCATED IN CALIFORNIA, PLEASE PROVIDE RESALE NUMBER BELOW ****

Resale Number

<u>Financial Statement</u>	<u>Terms Requested - Please circle one of the following:</u>
upon request of credit dept.	CREDIT CARD: Visa MC Amex

You will find the terms of sale stated on our invoices. As part of the consideration for any sales and purchases, which may take place between our firm and the undersigned, all orders and shipments shall be subject to the following terms and conditions: The laws and decisions of the State of California shall govern all transactions taking place between the parties. Any over-due payments shall bear charges at the rate of eighteen percent (18%) per annum, except in no event shall the amount of charges exceed the highest amount permitted by law. Should it be necessary for us to retain an attorney to enforce any of the transactions, which may arise between the parties pursuant hereto, the undersigned agrees to pay our attorney's fees and cost of collection.

YOU ARE HEREBY AUTHORIZED TO CONTACT ANY AND ALL OF THE ABOVE FIRMS REGARDING OUR CREDIT.

<u>Signature (Required)</u>	<u>Title / Date</u>
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