



An Employee Owned Company

CHARGE ACCOUNT APPLICATION

Account Name: _____ License/Fed.ID # _____

Billing Address: _____
Street City State Zip

Phone: _____ (primary), _____ (secondary)

Email: _____

Employer/Business Name: _____

Address: _____
Street City State Zip

Phone: _____

Credit Line Requested (Per Month): \$ _____

Which Store is your Primary Location?:

☐ Redway ☐ Garberville ☐ Arcata ☐ Willow Creek ☐ Medford ☐ Canyonville

Personal References (for individual accounts only):

1. Name: _____ Phone: _____
2. Name: _____ Phone: _____
3. Name: _____ Phone: _____

Business References (have established credit with):

1. Name: _____ Phone: _____
Address: _____
Street City State Zip

2. Name: _____ Phone: _____
Address: _____
Street City State Zip

3. Name: _____ Phone: _____
Address: _____
Street City State Zip

Accounts Payable Contact:

Name: _____ Phone: _____

Email: _____

Are Purchase Orders Required? Yes ___ No ___

Shipping Address: _____

Street

City

State

Zip

Bank Account Information:

Financial Institution: _____ Account #: _____

Address: _____

Street

City

State

Zip

Phone: _____

Authorized Users on Account:

1. Name: _____ License/I.D. # _____

2. Name: _____ License/I.D. # _____

3. Name: _____ License/I.D. # _____

4. Name: _____ License/I.D. # _____

5. Name: _____ License/I.D. # _____

•Authorized Users must have I.D. available if verification is needed.

• Contact Management to change/remove authorized users from account.

Agreement:

By signing below, I certify that the information provided on this application is true, accurate, and complete. I understand that any false statements or deliberate omissions from this document may be grounds for immediate disqualification/termination of the customer agreement and may result in the pursuit of civil or legal recourse; in which I agree to be financially responsible for any legal fees/court fees that may arise from such action. This information has been furnished with the understanding that it is to be used to determine the amount and the conditions of credit to be extended; furthermore, I hereby authorize Dazey's Inc. to obtain my credit report, if necessary, to determine the credit amount to be approved. I also give Dazey's Inc. permission to contact all references listed to verify the information provided on this application.

I also acknowledge that Dazey's Inc.'s terms are Net 30 unless otherwise specified. If payment is not made by the due date, a finance charge of 2% per month (Annual APR of 24%) will be charged until the balance is paid. I also agree to pay reasonable collections fees, lien fees, and attorney fees with or without suit.

Dazey's Inc. reserves the right to suspend any charging privileges because of unpaid balances. Invoices will be given to you or those authorized by you at the time of service. You are responsible for saving invoices. Loss of invoice copy does not constitute a reason to not pay that invoice.

Applicant Signature: _____ Date: _____

Personal Guarantee:

In consideration for Dazey's Inc. extending credit to the person identified below for any materials and/or services after this date, the individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Dazey's Inc. by the individual identified below whether said sums are due under the open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed the credit maximum limit required as stated in the credit agreement between Dazey's Inc. and the individual/company.

This guarantee shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested, is received by Dazey's Inc.; said notice shall specify the date on which this guarantee is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the individual as to a sum or debt incurred before such termination.

Name (print): _____ Date: _____

Signature: _____

Address: _____

State

City

State

Zip

SSN: _____ License/ I.D. #: _____

Phone: _____

Please submit application by one of the following methods:

In Person: to your Primary Store Location

Mail: P.O. Box 1940 Redway, CA 95560

Fax: (707) 923-3008 Attn: A/P

Email: info@dazeys.com

For Management Use Only:

Personal References Approved: 1. Yes ___ No ___ 2. Yes ___ No ___ 3. Yes ___ No ___

Business References Approved: 1. Yes ___ No ___ 2. Yes ___ No ___ 3. Yes ___ No ___

Comments: _____

Credit Limit Approved: \$ _____ Authorized By: _____