



DEALER CREDIT APPLICATION

Company Name: _____

DBA: _____

Principal's Name: _____

Corporation LLC Partnership Owner

Billing Address: _____

City/State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Resale #: _____

D & B Rated: _____ Duns# _____

References: Give only the names of those you buy on open account

1. Name: _____ Acct#: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

2. Name: _____ Acct#: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

3. Name: _____ Acct#: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

4. Name: _____ Acct#: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

Bank Name & Branch Location: _____

Contact Name: _____

Financial Statement: Attached Available on Request

How long in business: _____ Estimated Annual Sales: _____ Number of Stores: _____

Comments: _____

The undersigned represents and warrants that the above information is true, complete and correct and agrees that it will purchase and sell EZ Bagz, LLC products in accordance with EZ Bagz, LLC's terms and conditions. Signing below authorizes EZ Bagz, LLC to retain credit information from the listed institutions.

Signed: _____ By: _____ Date: _____

(Full Name of Company)

Signed by Authorized Member

(Sales Representative's Signature)

(VP approval)

PLEASE RETURN TO: EZ BAGZ, LLC - Attn: Accounting Department

2253 Vista Parkway, Suite 11 • West Palm Beach FL 33411