

OPEN ACCOUNT PAYMENT AGREEMENT

Business Name: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

- If Partnership or Proprietorship, name and home address of Owner:
 If Corporation, name and address of Registered Agent:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

How long in business under stated name: _____
Person to speak with regarding payments: _____ Title: _____



925 DENISON AVENUE
NORFOLK, VA 23513
(757) 857-1946
800-876-8321
FAX (757) 855-5120
TOLL FREE FAX (888) 855-5120

TRADE REFERENCES

Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Fax: _____

Name: _____
Address: _____
City: _____ Zip: _____
Phone: _____ Fax: _____

BANK REFERENCES

Name: _____
Account No.: _____
Address: _____
City: _____ Zip: _____
Bank Contact: _____

Approximate monthly thermography usage?

THE APPLICANT AGREES TO THE TERMS AND CONDITIONS OF THE BUSINESS CARDS TOMORROW OPEN ACCOUNT AGREEMENT AS FOLLOWS:

1. Full Payment is due on each Monday for products delivered the previous week unless other terms are arranged.
2. An open account is offered to those customers who will average one hundred dollars (\$100.00) or more per month in charges.
3. All legal fees, court costs, attorney's fee (30%), and collection fees will be paid by the applicant, in case of default on the terms of this agreement.
4. Any monies that are pursued in court will be litigated in Norfolk, Virginia.
5. Interest will be paid to Business Cards Tomorrow, at the rate of one and a half percent (1½%) per month on all money due Business Cards Tomorrow which is not paid in accordance with agreed terms.
6. All work and services performed by Business Cards Tomorrow shall not pass totally to the applicant until all money due to Business Cards Tomorrow is paid in full.
7. A Twenty dollar (\$20.00) service charge will be charged on all returned checks.
8. The applicant hereby gives permission to disclose its experience with the bank indicated above to Business Cards Tomorrow. This information is to be used in consideration of granting an open account to the applicant.

ACCEPTANCE OF TERMS AND CONDITIONS AS HEREBY SET FORTH BY AUTHORIZED PERSON.

If corporate account, the undersigned officer personally guarantees payment of any indebtedness by applicant to Business Cards Tomorrow as an inducement for the extension of credit.

Authorized Signature: _____ Home Address: _____
SSN: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY:

Approved by: _____ Date: _____ Open Account Limit: _____
Comments: _____