

MERRY MODES, INC.
COMMERCIAL CREDIT APPLICATION

61 Willet Street, Bldg. # 12, 2nd Floor
PASSAIC, NJ 07055
E-mail: Kris@merrymodes2000.com

Tel: (973)773-8547
Toll Free: (800)631-0036
Fax: (973)773-2502

Name of the Firm: _____ Years in Business: _____

DBA (Doing Business As): _____

Address: _____

City: _____ Zip: _____

Phone#: _____ Fax#: _____

E-mail: _____

Corporation _____ Partnership _____ Individual _____ Re-sale Certificate: _____

EIN #: _____

1. Name of Principal (s): _____

S.S.#: _____ (must fill out even if incorporated)

Home phone: _____

Credit card information:

Type: _____ CC#: _____ Exp. Date: _____

Name on the card: _____ Security code: _____ (must provide this)

Banking information:

Bank name: _____ Acc #: _____

Principal Contact: _____ Tel: _____

Trade References:

Company name: _____ Phone#: _____ FAX #

Company name: _____ Phone#: _____ FAX #

Company name: _____ Phone#: _____ FAX #

I/We the undersigned do hereby jointly and/or severally and personally guarantee the payment of any and all payments and/or indebtedness of the application to Merry Modes, Inc. According to the terms hereof, I/we agree to the jurisdiction of the courts of the State of New Jersey if suit or any action is instituted to collect any unpaid of this account.

I/We will be liable for all collection and reasonable attorney's fees. It is understood that monthly late payments penalty of 1.4% be charged for any and all payment over 45 days past due.

I/We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

I/We hereby give Merry Modes Inc. permission to obtain information from my bank and vendors:

Signature of owner: _____ Date: _____

Printed name: _____ S.S.#: _____