



August 17, 2012

Re: Credit Application

Dear _____ :

Thank you for your interest in applying for credit with Condom Pros. Enclosed please find a Business Credit Application for completion. Please ensure that you **complete all sections fully** in order to avoid delays in processing your application.

Note the following:

- **Corporations:** Application must be signed by the President, Chairman of the Board, Chief Executive Officer, or any Vice President.
- **Limited Liability Companies:** Application must be signed by at least two members if LLC was formed by two or more members.
- **Partnerships:** Application must be signed by all General Partners.
- **Sole Proprietorships:** Application must be signed by the Owner.
- **Personal Guarantee:** As applicable, must be signed by any or all shareholders owning 20% or more of Corporation stock; by two LLC members; by all General Partners; or by the Owner.
- **Resale Certificate:** Must be fully completed and signed by Purchasing Agent or Authorized Agent.
- **Trade References:** Please note that we require a minimum of three, verifiable trade references with a minimum of one year satisfactory relationship.

Please call me at ext. _____ if you should have any questions.

Sincerely,

Attachment



1671 E. St. Andrew Place
 Santa Ana, CA 92705
 Tel: (714) 259-9575 • Fax: (714) 259-9519

Sales Rep: _____
 Client No: _____

Business Credit Application

COMPANY & BILLING INFORMATION

Full Legal Name/Business Entity: _____ Established Since: _____
 Legal Entity: Corporation _____ Limited Liability Company _____ General Partnership _____
Limited Partnership _____ Sole Proprietorship _____
 Type of Business/Goods Sold: _____
 Taxpayer ID Number: _____ E-Mail Address: _____
 Phone Number: () _____ - _____ Fax Number: () _____ - _____
 Physical Address: _____ City: _____ State: _____ Zip: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Officer/Member/Partner/Owner: _____ Title: _____ SS#: _____
 Officer/Member/Partner/Owner: _____ Title: _____ SS#: _____
 Estimated Purchase Volume/Month: \$ _____ PO Required: Yes / No Backorders: Yes / No
 Accounts Payable contact for this account: _____
 Phone Number: () _____ - _____ Fax Number: () _____ - _____

BANK REFERENCE

1) Bank Name: _____ Contact: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: () _____ - _____ Fax Number: () _____ - _____
 Checking Account Number: _____

TRADE REFERENCES (We require a minimum of THREE references with a verifiable and satisfactory one-year relationship)

1) Company Name: _____ Contact: _____ Acct # _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: () _____ - _____ Fax Number: () _____ - _____
 2) Company Name: _____ Contact: _____ Acct # _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: () _____ - _____ Fax Number: () _____ - _____
 3) Company Name: _____ Contact: _____ Acct # _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: () _____ - _____ Fax Number: () _____ - _____

CREDIT TERMS & AUTHORIZED SIGNERS

All accounts are due and payable within 30 days of invoice date. All overdue invoices bear interest at 1.5% per month (18% annual rate) on unpaid balance. Credit applicant agrees to pay all costs of collection, including court costs and attorney's fees. Credit Terms and limit may be canceled or changed by Condom Pros at any time without notice. All transactions are governed by the laws of the State of California. All transactions are governed by the terms of Condom Pros documents.

The Credit applicant accepts the above terms and states that all information contained in this credit application is true and correct. Credit applicant authorizes Condom Pros to contact all references, inquire as to credit information and receive any confidential information relevant to the approval of this credit.

X _____
 Signature of OFFICER / MEMBER / PARTNER / OWNER Print Name and Title Date

X _____
 Signature of OFFICER / MEMBER / PARTNER / OWNER Print Name and Title Date

PLEASE COMPLETE ALL SECTIONS FULLY IN ORDER TO AVOID DELAYS IN PROCESSING YOUR REQUEST



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 Santa Ana, CA 92705
 Tel: (714) 259-9575 • Fax: (714) 259-9519

Sales Rep: _____
 Client No: _____

Business Credit Application

PERSONAL GUARANTEE

In consideration of credit being extended by Condom Pros to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to Condom Pros the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of this application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by Condom Pros extension of time of payment to applicant, acceptance of partial payment of partial compromise, all other notices to which the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee. Absent written permission by creditor, this personal guarantee may not be revoked.

X _____
 Signature of OFFICER / MEMBER / PARTNER / OWNER Print Name and Title Date

X _____
 Signature of OFFICER / MEMBER / PARTNER / OWNER Print Name and Title Date

RESALE CERTIFICATE

_____ Company Name

_____ Street Address

I Hereby Certify: That I hold valid seller's permit No. _____
 issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling _____
 _____; that
 the tangible personal property described herein which I shall purchase from Condom Pros will be resold by me in the form of tangible
 personal property; provided, however, that in the event any of such property is used for any purpose other than retention,
 demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and
 Use Tax Law to report and pay tax, measured by the purchase price of such property. Description of property to be purchased:

Date: _____ 20 _____.

 Signature of Purchaser or Authorized Agent

Phone: () _____ - _____

 Print Name of Purchaser or Authorized Agent

PLEASE COMPLETE ALL SECTIONS FULLY IN ORDER TO AVOID DELAYS IN PROCESSING YOUR REQUEST