

Date

A Division of Virtual Graffiti, Inc 17801 Sky Park Circle #7B Irvine CA 92614 Tel. (800) 233-5805 Fax (949) 266-9332

E-mail: sales@GraffitiPromo.com http://www.GraffitiPromo.com

New Accounts Application (Part One)

To apply for an account number please complete part one of this form and fax it to: (949) 266-9332. The second part of this form contains the credit application which is not required to obtain an account number as you may still purchase with a credit card.

Anticipated Monthly Purchase Volume

Full Legal Business Name		Doing Business As or Also Known As			
Business Fax Numb	Dun and Bradstreet Number (If Available)		(If Available)		
Business Address (cannot be a P.O. Box)		City		Zip	
if less than one year at current		City		Zip	
subsidiary, pleas	e also compl	ete Parent C	ompany Inforn	nation)	
	Parent Company Dun and Bradstreet Number (If Available)			per (If Available)	
	City		State	Zip	
BUSINESS AND BILLING INFORMATION					
Billing Contact Name		Billing Contact Title			
Billing Fax Number	Taxpayer ID Number				
In Business Since		Number of Locations			
Purchasing Contact Name		Purchasing Contact Title			
Company Annual Revenue? If non-profit annual budget and source of funding information \$1 million If non-profit annual budget and source of funding information				ormation	
	O. Box) e year at current /subsidiary, pleas DRMATION Billing Fax Number	Business Fax Number O. Box) City year at current City Parent Comp City City DRMATION Billing Conta Billing Fax Number Number of L Purchasing C	Business Fax Number Dun and Bra O. Box) City year at current City /subsidiary, please also complete Parent C Parent Company Dun and City DRMATION Billing Contact Title Number of Locations Purchasing Contact Title If non-profit annual budget and sour	Business Fax Number Dun and Bradstreet Number O. Box) City State Syear at current City State Parent Company Dun and Bradstreet Number Parent Company Dun and Bradstreet Number City State DRMATION Billing Contact Title Billing Fax Number Taxpayer ID Number Number of Locations Purchasing Contact Title If non-profit annual budget and source of funding inf	



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BUSINESS AND BILLING INFORMATION (Continued)

Business Type		Number of Employees	
☐ Agriculture	☐ All Other Services	□ 1-4	□ 25-49
☐ BusinessServices	☐ Communications	□ 5-9	□ 50-99
□ Construction	☐ Eng., Acct. & Research Services	□ 10-14	□ 100-499
	☐ Real Estate	□ 15-24	□ 500+
Finance/Insurance			
□ Government	□ Legal Services	Legal Structure	
☐ Health Services	☐ Manufacturing		
□ Lodging	☐ Mining	□ Corporation	☐ School
☐ Membership	□ Personal Services	☐ Sub S Corporation	□ Government
Org.			
□ Non Classified	☐ Private School	☐ Limited Liability Corporation	
□ Printing	□ Restaurants	□ Professional Corporation	
☐ Public School	□ Social Services	□ Partnership	
☐ Retail Store	□ Wholesale Trade	☐ Limited Partnership	
		□ Proprietorship	
Transport/Utilities			
		☐ Non-Profit Organization	
☐ Other		Do you operate your business	□ YES □ NO
		from home?	
	Please Explain	If you are a school or	□ YES □ NO
		Government, are you in the	
		central office?	



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Credit Application (Part Two)

To be considered for Net 15 payment terms please complete the form below. If your company has its own prepared credit references and bank information, you may fax it to: (949) 266-9332, along with the "Signature Page".

TRADE REFERENCES

Company Name

Address		Contact N	Contact Name			
City	State	Zip	Phone Nu	mber	Fax Number	
Company Name		Account N	Account Number			
Address			Contact N	ame		
City	State	Zip	Phone Nu	mber	Fax Number	
Company Name		Account N	Account Number			
Address			Contact N	ame		
City	State	Zip	Phone Nu	mber	Fax Number	
BANK INFORMATION						
Bank Name Che		Checking Acco	ecking Account Number		Phone Number	
			Contact Name			
Bank Address		City		State	Zip	



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Signature Page

This credit application and agreement is submitted by Customer, to Virtual Graffiti, Inc., to obtain credit. Customer agrees to make payment in full to Virtual Graffiti, Inc. for all amounts due according to Virtual Graffiti, Inc. 's invoice(s). Customer also agrees to pay to Virtual Graffiti, Inc., as interest, an amount equal to 1.5% per month, or the maximum provided by law (whichever is less) for invoice amounts that are past due. Should Customer default in any such payment(s), Virtual Graffiti, Inc. shall have the right, without notice to Customer, to declare all invoice amounts due and payable. In the event Virtual Graffiti, Inc. should commence any action or actions, or otherwise seek to enforce this agreement against Customer or any Guarantor, Customer agrees to pay reasonable attorney(s) fees, collection fees, court costs and other expenses incurred by Virtual Graffiti, Inc., whether or not suit is filed. This agreement is not transferable or assignable without the prior written consent of Virtual Graffiti, Inc. This agreement shall become effective upon acceptance by Virtual Graffiti, Inc. Customer and Customer's authorized representative signing this application represent and warrant that the information provided in this application and in any and all additional documents, financial statements or other information furnished by the Customer to Virtual Graffiti, Inc. is true and correct in all material respects and contains all information necessary as that this application is not materially misleading. Customer acknowledges that Virtual Graffiti, Inc. is relying on the accuracy of the information provided by Customer. Customer hereby grants to Virtual Graffiti, Inc. a security interest in any and all goods purchased by Customer from Virtual Graffiti, Inc. to secure any and all documents necessary to perfect or continue the security interest created by this application. I/We agree to adhere to the credit service policies and procedures established from time to time by Virtual Graffiti, Inc. _____, as of this _____ day of ______, 19_____, Signed by: ______ Name / Title: _____

PERSONAL GUARANTY

THIS SECTION MUST BE COMPLETED IF: (1) A SOLE PUNINCORPORATED; (5) INCORPORATED FOR LESS TH \$1,000,000.				
1	_, residing at			
I	_, residing at			
for and in consideration of your extending credit at my request to				
Guarantor	Social Security Number	Date		
Guarantor	Social Security Number	Date		