



COMMERCIAL CREDIT APPLICATION

MAIL TO: 2010 Main Street, Suite 400, Irvine, CA 92614

OR FAX TO: (949) 442-0210

Applicant must have been in business one full year

OFFICE USE ONLY

Approved _____

Credit Limit _____

Account # _____

Please Print/Type and Fill Out Completely

| | | | |
|--|--|---|-----------|
| Firm's Name (DBA): | | | |
| Street Address: | | | |
| City: | | State: | Zip Code: |
| Phone No.: () | | FAX No.: () | |
| Check One: Corporation Partnership Sole Proprietorship Government | | | |
| Names of Corporate Officers/Partners | | | |
| 1) | | 2) | |
| 3) | | 4) | |
| Date Established: | | Trade Style: | |
| Tax Exempt # (if applicable) | | Please attach certificate copy to this form | |

CREDIT REFERENCES

| | | | |
|----------------|--|------------|-----------|
| 1) FIRM NAME: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Phone No.: () | | Account #: | |
| FAX No.: () | | | |

| | | | |
|----------------|--|------------|-----------|
| 2) FIRM NAME: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |
| Phone No.: () | | Account #: | |
| FAX No.: () | | | |

| | | | |
|---------------|--|--------|-----------|
| 3) FIRM NAME: | | | |
| Address: | | | |
| City: | | State: | Zip Code: |

| | |
|-------------------|------------|
| Phone No.: () | Account #: |
| FAX No.: () | |

| BANKING INFORMATION | | |
|----------------------------|------------|-----------|
| 4) BANK NAME: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Phone No.: () | Account #: | |
| FAX No.: () | MICR #: | |

| PURCHASE AUTHORIZATION | | |
|--|-------------------------------|-----------------|
| Check ONLY One: | Formal Signed P.O. | Verbal |
| | Firm's Letterhead W/Signature | Other (explain) |
| Individuals authorized to purchase against this account (attach separate sheet if necessary) | | |
| 1) | 2) | |
| 3) | 4) | |
| 5) | 6) | |
| 7) | 8) | |
| 9) | 10) | |

| | |
|-----------------------------------|----------------------------|
| Amount of Initial Purchase: \$ | Average Monthly Charge: \$ |
| Person in charge of paying bills: | |
| Phone No.: () | Ext. #: |

OUR TERMS ARE NET THIRTY (30) DAYS FROM THE DATE OF INVOICE.
A DELINQUENT CHARGE OF 1.5% PERMONTH WILL BE ADDED ON ANY INVOICE NOT PAID WITHIN TERMS.
I agree that if my account becomes delinquent for any reason, and as a direct result Ritz Interactive, Inc. incurs costs in good faith efforts to collect on my account, I will pay all such costs resulting from this action, including but not limited to collection agency and/or legal fees.
Merchandise purchased on this account is not primarily for personal, family, household or agricultural use.

Any person signing below on behalf of a business entity confirms that it is a valid business entity and that said person is authorized to enter into this Agreement on its behalf. No application will be processed without the signature of an authorized person on behalf of the Applicant.

Authorized Signature of Applicant
Date

Please Print Name & Title