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BURLEY ACCOUNT NUMBER

CREDIT LIMIT REQUESTED

CREDIT LIMIT REQUESTED

**Attach financial statements if credit request is \$5,000 or greater*

BUSINESS INFORMATION

Legal Name of Applicant _____

Doing Business As _____

Mailing/Billing Address _____

County _____ City _____ State _____ Postal Code _____

Business Phone _____ Cell Number _____

Applicant in a: Corporation LLC Partnership Proprietorship Other ()

State of Incorporation _____ Date of Incorporation _____ FEI Number _____

Resale Certificate Number (attach copy) _____ Years in Business _____

Annual Gross Sales _____

OWNER(S)/OFFICERS

Name _____ Title _____

Home Address _____

Phone _____ City _____ State _____ Postal Code _____

Name _____ Title _____

Home Address _____

Phone _____ City _____ State _____ Postal Code _____

OTHER INFORMATION

Accounts Payable Contact _____

Phone _____ Email _____

Buyer Contact _____

Phone _____ Email _____

FINANCIAL REFERENCES

Name of Bank _____

Address _____

Phone _____ City _____ State _____ Postal Code _____

Contact _____ Account # _____

NAME OF MERCHANT SERVICES PROVIDER

Credit Card Processing Co _____ Address _____
Phone _____ City _____ State _____ Postal Code _____
Contact _____ Account # _____

Does a bank, insurance company, or other creditor hold a security interest in your accounts receivable and/or inventory for loans advanced or accounts payable? Yes No

If yes, please state names of security interest holder(s): _____

Have any owners or officers, as an individual, partner, or shareholder ever filed for bankruptcy?

Yes No If yes, date and location: _____

The Applicant hereby authorizes the above bank to release all information requested. It is understood that all information will be kept confidential.

TRADE REFERENCES

Name _____ Address _____
Phone _____ City _____ State _____ Postal Code _____
Contact _____ Account # _____
Email _____ Credit Limit _____ Payment Terms _____

Name _____ Address _____
Phone _____ City _____ State _____ Postal Code _____
Contact _____ Account # _____
Email _____ Credit Limit _____ Payment Terms _____

Name _____ Address _____
Phone _____ City _____ State _____ Postal Code _____
Contact _____ Account # _____
Email _____ Credit Limit _____ Payment Terms _____

The representations provided in this Application are complete and accurate. I understand the information provided will be relied upon in the evaluation and extension of credit terms. I authorize the release at any time of information by creditors listed above as well as other suppliers. The terms and conditions of this Application shall, upon extension of credit by Burley Design, constitute an agreement of sale. The Applicant agrees to be bound to the terms and conditions stated in this Application, and in any subsequent changes made to the account in Burley's sole discretion. The payment for all sales of goods or services will be according to the terms stated on the Burley Design invoice. The failure to pay on the due date of each invoice shall deem the debt to be delinquent. In the event of a delinquency, Burley Design may impose a late charge at one and one-half percent per month on the delinquent balance until paid. In the event of a delinquency, all collection expenses, including collection agency fees and costs, and attorney's fees in connection with the collection of the delinquent debt regardless of whether litigation is filed shall be due and payable by the Applicant. Burley Design shall have the right in its sole discretion at any time, without notice to Applicant, to discontinue credit extensions and place the Applicant on a COD and/or credit card basis. The interpretation of this agreement shall be subject to the laws of the State of Oregon, and any necessary legal action shall be brought in Lane County, Oregon.

Authorized Signature

Date

Printed Name

Title