



## **NET 30 TERMS**

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### **POLICIES AND PROCEDURES**

#### **QUALIFYING FOR NET 30**

Customers may apply for Net 30 terms by completing the NET 30 CREDIT APPLICATION and submitting three (3) valid trade references.

#### **SUBMITTING NET 30 APPLICATION AND CREDIT REFERENCES**

Applications must be completed by all NEW customers or returning customers that have not conducted business with the Import Collection within the past 24 months. A complete application and a list of three (3) trade references can be submitted via email to your direct customer service representative or by faxing it to 818-779-4961.

#### **PROCESSING AND APPROVAL**

Complete applications will take approximately two (2) weeks to get approved for terms. Please note any incomplete applications or trade references will prolong the processing time resulting in delayed orders and/or account being placed on hold.

#### **Net 30 PAYMENTS**

##### **PAYMENT BY CHECK**

Payments by check are to be received by The Import Collection on or before the 30<sup>th</sup> day from the invoice date.

##### **PAYMENTS BY CREDIT CARD**

Net 30 payments by credit card need to be received by The Import Collection on or before the 30<sup>th</sup> day from the invoice date.

# NET 30 CREDIT APPLICATION



Complete Sections 1, 2, & 3 if new account without credit terms  
 Complete Sections 1 thru 5 if new account requesting credit terms

PLEASE PRINT LEGIBLY

**Section 1**

LEGAL BUSINESS NAME: \_\_\_\_\_ DBA: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ SHIPPING ADDRESS: \_\_\_\_\_

STREET: \_\_\_\_\_ STREET: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

TYPE OF BUSINESS: (REQUIRED - MARK BELOW) TYPE OF SHIPPING LOCATION: (REQUIRED - MARK BELOW)

( ) PROPRIETORSHIP ( ) PARTNERSHIP ( ) GENERAL ( ) LIMITED ( ) CORPORATION ( ) RESIDENTIAL ( ) COMMERCIAL

YEAR ESTABLISHED: \_\_\_\_\_ FEDERAL ID#: \_\_\_\_\_

PRINCIPAL NAME: \_\_\_\_\_ SOC.SEC.#: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUYER CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Section 2**

PLEASE INDICATE WHICH OPTIONS YOU WOULD LIKE US TO APPLY TO YOUR ACCOUNT. DEPENDING ON CREDIT CHECK, FINANCIAL STATEMENTS MAY BE REQUIRED. FOR ALL CREDIT LINES OVER \$5,000, ATTACH LATEST BUSINESS FINANCIAL STATEMENTS. FOR OVER \$8,000, PLEASE ALSO INCLUDE PERSONAL FINANCIAL STATEMENTS OF PRINCIPAL OWNERS.

( ) NET 30 DAY (ATTACH LIST OF 3 TRADE REFERENCES) REQUIRE A PURCHASE ORDER NUMBER: ( ) YES ( ) NO

**Section 3**

ARE YOU TAX EXEMPT? ( ) YES ( ) NO \*\*IF YES, PLEASE PROVIDE A COPY OF YOUR STATE RESALE CERTIFICATE\*\*

STATE RESALE CERTIFICATE # \_\_\_\_\_

**Section 4**

PLEASE PROVIDE BANK REFERENCE IF APPLYING FOR CREDIT TERMS:

NAME OF BANK: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

**Section 5**

**TERMS:** CREDIT TERMS ARE NET 30 DAYS SUBJECT TO APPROVAL. A MONTHLY LATE CHARGE OF 1.5% WILL BE ASSESSED ON ANY OUTSTANDING BALANCE REMAINING UNPAID 30 DAYS AFTER INVOICE DATE. I/WE UNDERSTAND AND AGREE THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE IS FOR THE PURPOSE OF OBTAINING CREDIT. I/WE FURTHER UNDERSTAND AND AGREE THAT ALL ACCOUNTS OR MONIES DUE TO THE IMPORT COLLECTION SHALL BE PAID IN ACCORDANCE WITH THE CREDIT TERMS STATED ABOVE AND AGREE TO PAY ALL REASONABLE COSTS OF COLLECTION. IN ADDITION TO ANY COURT COSTS AND/OR ATTORNEY FEES INCURRED. I/WE AUTHORIZE INVESTIGATION OF ALL CREDIT REFERENCES AND AUTHORIZE CREDITORS TO RELEASE INFORMATION PERTAINING TO MY/OUR CREDIT HISTORY. I/WE FURTHER AUTHORIZE INVESTIGATION OF MY/OUR CREDIT VIA CREDIT BUREAU REPORTS. APPLICATION MUST BE SIGNED BY CORPORATE OFFICER, PARTNER, OR OWNER/SOLE PROPRIETOR.

BY: \_\_\_\_\_ NAME & TITLE: \_\_\_\_\_ PLEASE PRINT NAME & TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED AGENT SIGNATURE

BY: \_\_\_\_\_ NAME & TITLE: \_\_\_\_\_ PLEASE PRINT NAME & TITLE \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZED AGENT SIGNATURE

SALES REP: \_\_\_\_\_

APPROVED BY/DATE: \_\_\_\_\_

FOR OFFICE USE ONLY

ACCOUNT #: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_