

Dallas Pen Company

To Our Prospective Customer:

Thank you for your interest in doing business with Dallas Pen Company. Attached you will find the forms necessary for our consideration. Please execute all applicable forms and return to us at your earliest convenience and we will act promptly on your application as your business is important to us.

The forms are:

1. New Account Application
2. Ownership Information, investigation authorization and payment agreement
3. Credit Card information if you are paying by Credit Card
4. Sales Tax Agreement (if applying in Texas)
5. Personal Guaranty (if applicable)

We will also need a minimum opening order of \$150.00 or more if such has not already been done.

As we do not ship merchandise on a COD basis we will need your authorization to charge your credit card in the event we are unable to approve an open account. If you would prefer to bill your credit card, kindly execute the Credit Card Authorization form.

Finally, our regular terms are 1% 10 days EOM, Net 15th. Any unpaid balance over 30 days old is considered past due and no shipments will be made to any customer while a past due balance remains on our books.

We are happy to have this opportunity to serve you and look forward to a mutually beneficial relationship.

Dallas Pen Company

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New Account Application

Company Name: _____ Sales Tax #: _____

Nature of Business: _____ Years in Business: _____

Billing Information

Address: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

Contact: _____ Email Address: _____

Invoices and Statements*: Mailed _____ Faxed _____ Emailed _____

*Please check the method you would like to receive them and make sure we have the appropriate information for the action.

Shipping Information

Address: _____ Phone #: _____

Address: _____ Fax #: _____

City: _____ State: _____ Zip: _____

Trade References

Company Name: _____ Account # _____

City: _____ St: _____ Phone #: _____ Fax #: _____

Company Name: _____ Account # _____

City: _____ St: _____ Phone #: _____ Fax #: _____

Company Name: _____ Account # _____

City: _____ St: _____ Phone #: _____ Fax #: _____

Who can we thank for referring you? _____

Ownership Information

Corporation
 Partnership
 Sole Owner
 Limited Liability Company

Please complete the below information for all officers, partners, members and owners.

Name	Title	Ownership %	Home Address	Home Phone #

If you company is a Closely Held Corporation, Partnership or Sole Owner it will be necessary for you to execute the Personal Guaranty form attached. If you do not wish to give this guaranty we will be happy to consider opening your account on an approved credit card.

Has the company or any officer, partner, member, or owner ever filed for bankruptcy? _____ (if yes, attach detail.)

Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? _____ If yes, under what name? _____

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to Dallas Pen Company's terms of sale. I also agree and accept that the credit limit and terms may be changed or withdrawn at the sole discretion of Dallas Pen Company.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The applicant authorizes Dallas Pen Company to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes it banks and trade creditors to provide Dallas Pen Company with complete information for the purpose of credit evaluation.

By virtue of the extension of credit herein by Dallas Pen Company to Applicant, Applicant agrees to pay all sums when due at the office of Dallas Pen Company at 2939 Anode Lane, Dallas, Dallas County, Texas. Applicant further agrees to notify Dallas Pen Company of any change of ownership and assumes liability for any indebtedness if notice is not received.

- **You may send your application in by fax to start the process but Dallas Pen Company must receive the original application.**
- **Application must be accompanied by an opening order of \$150.00 for account to become active.**

Company Name: _____ Signed: _____

Print Name: _____ Title: _____ Date _____

Dallas Pen Company Use Only

Salesperson Name: _____ Rating: _____

Account Number: _____ Approved By: _____

Credit Limit: _____ Setup Date: _____



Credit Card Authorization

I, _____, do hereby authorize **Dallas Pen Company** to charge my credit card account for purchases as requested by me.

Company Name: _____

Customer Number: _____

Phone Number: _____

Type of Card: _____
(American Express/MasterCard/Visa)

Name that appears on Card: _____

Billing Address of Card: _____

Billing City, State, Zip: _____

Card Number: _____

Expiration Date: _____

Card Verification Code: _____

Signature: _____ Date: _____

TEXAS SALES AND USE TAX RESALE CERTIFICATE

Name of purchaser, firm or agency as shown on permit	Phone (Area code and number)												
Address (Street & number, P.O. Box or Route number)													
City, State, ZIP code													
Texas Sales and Use Tax Permit Number (must contain 11 digits)													
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Out-of-state retailer's registration number or Federal Taxpayers Registry (RFC) number for retailers based in Mexico													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 100%; height: 15px;"></td> <td style="font-size: small; padding-left: 10px;">(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)</td> </tr> </table>			(Retailers based in Mexico must also provide a copy of their Mexico registration form to the seller.)										
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I, the purchaser named above, claim the right to make a non-taxable purchase (for resale of the taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____

City, State, ZIP code: _____


Description of items to be purchased on the attached order or invoice:

Description of the type of business activity generally engaged in or type of items normally sold by the purchaser:

The taxable items described above, or on the attached order or invoice, will be resold, rented or leased by me within the geographical limits of the United States of America, its territories and possessions or within the geographical limits of the United Mexican States, in their present form or attached to other taxable items to be sold.

I understand that if I make any use of the items other than retention, demonstration or display while holding them for sale, lease or rental, I must pay sales tax on the items at the time of use based upon either the purchase price or the fair market rental value for the period of time used.

I understand that it is a criminal offense to give a resale certificate to the seller for taxable items that I know, at the time of purchase, are purchased for use rather than for the purpose of resale, lease or rental, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

 Purchaser	Title	Date
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Dallas Pen Company

PERSONAL GUARANTY

FOR GOOD CONSIDERATION, and as an inducement for Dallas Pen Company, from time to time to extend credit to _____ Customer, it is hereby agreed that the undersigned do hereby personally guaranty to Dallas Pen Company the prompt, punctual and full payment of all monies now hereinafter due Dallas Pen Company from Customer.

In the event of default, the guarantor shall be responsible for all attorney's fees and reasonable costs of collection.

This guaranty shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

This guaranty shall be construed and enforced under the laws of the state of Texas.

Signed this _____ day of _____, 20_____.

GUARANTOR

Signature _____

Printed Name _____

Home Address _____

City, State & Zip _____

Cell Phone _____

Home Phone _____

WITNESS

Signature _____

Printed Name _____

Home Address _____

City, State & Zip _____