



# CREDIT APPLICATION

**DM COLOR EXPRESS, INC.**  
**PO BOX 220 - SAN JUAN CAPISTRANO, CA 92693**  
**PHONE: 949-496-9356 ACCT. FAX: 949-496-7056**

PLEASE DO NOT WRITE IN THIS BOX

DATE REC'D: \_\_\_\_\_  
DATE: \_\_\_\_\_  
(APPROVED/DENIED)  
ACCT #: \_\_\_\_\_ BY: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
(FIRM OR INDIVIDUAL)

**Hereby applies for credit in accordance with the terms and conditions of DM COLOR EXPRESS, INC.**

ADDRESS: \_\_\_\_\_ YEARS AT THIS ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
SOCIAL SECURITY # (IF INDIVIDUAL): \_\_\_\_\_ DRIVER LIC (IF INDIVIDUAL): \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION. ALL DATA GIVEN WILL BE HELD STRICTLY CONFIDENTIAL.**

CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP  YEARS ESTABLISHED: \_\_\_\_\_  
Resale #: \_\_\_\_\_ Accounts Payable Mgr: \_\_\_\_\_  
Accounts Payable Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**NAMES AND ADDRESSES OF PRINCIPLE OFFICERS:**

**Phone # & Email:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**BANK INFORMATION:**

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**NAME OF REFERENCES (Business Credit References ONLY)**

- 1. \_\_\_\_\_ FAX #: \_\_\_\_\_  
TEL #: \_\_\_\_\_
- 2. \_\_\_\_\_ FAX #: \_\_\_\_\_  
TEL #: \_\_\_\_\_
- 3. \_\_\_\_\_ FAX #: \_\_\_\_\_  
TEL #: \_\_\_\_\_

**Please sign page 2 and mail original**

## NOTICE

**Terms:** Thirty (30) Days Net. No discounts.

**Delivery:** All sales are FOB the Nursery (shipping point) whether loaded on your truck or ours. All sales are final. No return policy.

**Damaged Materials:** Credit for damaged materials will be determined if damage is reported within 48 hours of delivery. Due to the sensitive nature of plant materials, the 48-hour damage policy will be strictly enforced.

**Service and Restocking Charges:** All amounts due Seller for the purchase price hereunder which are not paid according to the terms of sale herein, shall bear a monthly carrying charge of the rate of one and one half percent (1.5 %) per month of 18% per year from the date when payment is due.

**Attorney's Fees and Costs** In the event of any dispute or litigation between the parties subject to this agreement the party prevailing in such dispute or litigation will be entitled to recovery of reasonable costs and attorney's fees.

**Interpretation and Venue:** This Agreement shall be governed and interpreted by the laws of the State of California. It is expressly agreed by and between the parties hereto that this Agreement shall be made in the City of San Juan Capistrano, County of Orange, State of California venue in the event of legal actions.

**Authorization and Waiver of Privacy:** In the making of this application of credit, or as needed in updating your existing credit information you are hereby authorizing DM Color Express, Inc. or its agents, to investigate the information you have provided on the application both personal and commercial. Applicant authorizes credit reports to be obtained by DM Color Express, or its agents, in connection with this application for credit.

**Attestation:** I have read the foregoing terms and conditions and agree to comply with said terms. I certify under the penalty of perjury that the information contained herein is true and correct.

---

Date

---

Applicant's Signature

---

Print Name

Executed in City of \_\_\_\_\_, California