



3824 47th Ave S, Minneapolis, MN 55406
Phone (612) 827-6517 or toll free (877) 827-6517
Fax (612) 823-1262 or toll free (877) 861-4282

CREDIT AGREEMENT

Company or Individual _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Sales Tax Resale # _____ Federal Tax ID or Social Security # _____

Business: Retail _____ Distributor _____ Designer _____ Manufacturer _____

Machine Types _____ # of sewing heads _____

Credit Limit Requested \$ _____ Est. Monthly Purchases \$ _____

Corporation _____ Partnership _____ Individual _____ For How Long? _____

Name of Principle(s) _____ Title _____

REQUIRED Credit Card info as backup: Name on Card: _____

MC/VISA/Disc./AmEx Number: _____ Exp. Date: _____

Billing Address: _____

The undersigned hereby request the extension of "open account" credit for purchases to be made with Digitizing Express Inc. It is understood that the extension of such credit will be based upon the information provided below. The undersigned warrants such information to be true and correct. In consideration of such credit, the undersigned hereby agrees to our "Terms of Sale."

- 1. All our invoices shall be paid within our terms of "Net 15 Days."
2. Digitizing Express Inc reserves the right to charge any Past Due amounts to your credit card.
3. If Past Due amounts are not charged to your credit card, a 1.5% service charge may be added for every month the account is Past Due.
4. If the account is collected by law or by an attorney at law, the undersigned shall pay all costs of such collection.

Signed _____ Date _____

Personal Guaranty

In consideration for Digitizing Express Inc extending credit, at my request, I personally guarantee the payment of any obligation when due or upon demand thereafter without deduction for any claim of setoff or any other defense including service charges as allowed by law on the unpaid balance, and all costs of collections including reasonable attorneys' fees. It is understood that this Guaranty shall be enforceable before or after proceeding against my company and shall be effective regardless of the solvency of my company or any change in the composition, nature or location of the company. It is further understood that this is a primary and unconditional obligation and this Guaranty shall be continuing and irrevocable. I hereby waive notice of default and/or notice of non-payment.

Guarantor _____ Print Name _____ Date _____

FINANCE

Bank _____ **Contact** _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Fax** _____

TRADE REFERENCES

Business Name _____ **Acct#** _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Fax** _____
Contact Person _____

Business Name _____ **Acct#** _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Fax** _____
Contact Person _____

Business Name _____ **Acct#** _____
Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **Fax** _____
Contact Person _____