



711 West Lake Street, Suite 507, Minneapolis, MN 55408
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. 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 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 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 _____