



Classy Art Wholesalers Inc, 300 North York, Houston TX 77003, (800) 372-8007

CREDIT APPLICATION AND SALES AGREEMENT

NET 30 DAYS

In order to be considered for credit terms, please complete and sign the following form.

Fax to: (713) 225-2623

Credit Amount Requested \$: _____

Business Name: _____

Phone: _____

DBA: _____

Fax: _____

Mailing Address: _____

Contact: _____

City, State, Zip: _____

Under present ownership since: _____

Street Address: _____

Tax I.D#: _____

City, State, Zip: _____

Resale Lic.#: _____

Addtl Locations: _____

Website: _____

Lyon Number: _____

Form of Business:

Proprietorship

Partnership

Corporation, In State

Type of Business:

Retailer

Manufacturer

Other _____

In consideration of extension of credit and/or delivery of merchandise by Classy Art Wholesalers Inc., the applicant agrees, acknowledges and warrants the following:

The undersigned hereby authorizes Classy Art Wholesalers Inc. to contact the references listed in assessing my/our credit and financial standing. The undersigned represents and warrants that the information given is true and correct and attests financial responsibility, ability and willingness to pay all invoices within 30 days of date of invoice or as otherwise agreed upon. The undersigned also agrees to pay Classy Art Wholesalers Inc. a finance charge calculated at a rate of 1.5% per month (18% annually) beginning on the day 31. A fee of \$25.00 will be charged on all returned checks. In the event of default in the payment of any amount due, the undersigned agrees to pay all outstanding finance charges, reasonable collections costs, including agency, attorney's fees, and court costs incurred. All finance charges, collection costs, attorney fees, and court costs are only incurred in the event that the account must go to collections.

I/We agree to notify Classy Art Wholesalers Inc. promptly in writing of any changes in ownership of the business conducted under the account name and agree to liability for all charges to the business conducted under the account name unless and until you receive written notice of the change on ownership.

Claims: Breakage, shortage and defective merchandise claims must be reported in writing with 7 days of receipt of merchandise.

Returns: Returned merchandise will only be accepted after prior return authorization is granted by the resource in writing.

I/We hereby certify that the above given information is true and accurate. I/We hereby authorize my/our bank, trade references and Credit Bureaus to release information for the purpose of granting credit.

Classy Art Wholesalers Inc. maintains security interest in products sold until such time as payment is received in full by Classy Art Wholesalers Inc.

In the event any portion of the balance is not paid when due: I / We, the undersigned, personally guarantee payment of all of any part of any amount not paid by the company, corporation or party named in the billing.

Signature _____ Date _____

Print Name _____ Title _____



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Please list at least four (4) trade accounts with which you have established **Net 30** credit history. References are requested by Fax or Mail only. Please provide your account number along with fax number and mailing address. **PLEASE DO NOT LIST COD ACCOUNTS.**

Trade Reference: _____ Phone#: _____ Fax#: _____

Address: _____ Account #: _____

City, State, Zip: _____ Contact: _____

Trade Reference: _____ Phone#: _____ Fax#: _____

Address: _____ Account #: _____

City, State, Zip: _____ Contact: _____

Trade Reference: _____ Phone#: _____ Fax#: _____

Address: _____ Account #: _____

City, State, Zip: _____ Contact: _____

Trade Reference: _____ Phone#: _____ Fax#: _____

Address: _____ Account #: _____

City, State, Zip: _____ Contact: _____

Trade Reference: _____ Phone#: _____ Fax#: _____

Address: _____ Account #: _____

City, State, Zip: _____ Contact: _____

OWNERS, PARTNERS OR CORPORATE OFFICERS

Name: _____ Title: _____

Name: _____ Title: _____

Has this business or any of the names above filed for bankruptcy? YES NO

Bank: _____ Phone: _____

Address: _____ Account#: _____

City, State, Zip: _____ Contact: _____

Type of Account: Checking _____ Savings _____ Loan _____



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RESALE CERTIFICATE

BUSINESS NAME:

ADDRESS:

I hereby certify that the business named above holds valid seller's permit number

Issued pursuant to the **Sales and Use Tax Law** I am engaged in the business of selling:

The tangible personal property described herein which I shall purchase from Classy Art Wholesalers Inc. will be resold by me in the form of tangle personal property. If in the event any such property is used for purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the **Sales and Use Tax Law** to report and pay for the tax measured by the purchase price of such property.

Description of property to be purchased:

Wall Décor

Signature of Purchaser or Authorized Agent:

Title:

Date:
