



# VERSA PRODUCTS, INC.

Versa Tables

VANITY GIRL

Shuteye Beds

THRIVE

14105 Avalon Blvd., Los Angeles, CA 90061 | P: 310.353.7100 | F: 310.353.7109

Fed. Tax ID: 95-4780914 | Email: [sales@versaproducts.com](mailto:sales@versaproducts.com)

## AGREEMENT AND APPLICATION FOR CREDIT

For the purpose of obtaining merchandise from Versa Products Inc. dba VersaTables.com (Seller), the following statement is made by the Applicant intending that the seller should rely on same as correct:

Name: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Type of Business:** (Check all that apply)

End User \_\_\_\_\_ Retailer \_\_\_\_\_ Distributor \_\_\_\_\_

### Billing Information (If different from above)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Business Information

**Type of entity:** (Check one)

Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Federal ID # \_\_\_\_\_

Limited Liability Corporation (LLC) \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Federal ID # \_\_\_\_\_

Sole Proprietor \_\_\_\_\_

Partnership \_\_\_\_\_

Other \_\_\_\_\_ Explain: \_\_\_\_\_

### Other information:

Credit Line Requested \$ \_\_\_\_\_ Anticipated Monthly Purchases \$ \_\_\_\_\_

Gross Income Last Year \$ \_\_\_\_\_ Last Year's Net Profit \$ \_\_\_\_\_

Years in Business \_\_\_\_\_ Number of Employees \_\_\_\_\_

Business Property Owned \_\_\_\_\_ Leased \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

### Banking Information

#### Business

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

#### Personal

Name of Bank \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_



Ownership Information (Attach additional sheet if more space is needed)

Name Title
SS #
Address
City: State: Zip:
Phone: ( ) -
Name Title
SS #
Address
City: State: Zip:
Phone: ( ) -

Trade References

Company Name Contact
Address
City: State: Zip:
Phone: ( ) - Fax: ( ) -
Company Name Contact
Address
City: State: Zip:
Phone: ( ) - Fax: ( ) -
Company Name Contact
Address
City: State: Zip:
Phone: ( ) - Fax: ( ) -

Agreement

The Applicant authorizes the use of a facsimile of this document as a verification of release of information by references to the seller. Applicant further agrees that this agreement may be executed by means of a telecopier or fax signature. It shall be effective, valid and enforceable as if it was an original signature. Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of the Seller. It is further understood that all past due accounts will bear a service charge not to exceed 1 1/2 per month or 18% per annum on any delinquent accounts, collection fees and/or reasonable attorneys fees. This shall be an open and continuing guarantee not withstanding any changes, removals extensions or the like, granted by the Seller. Seller expressly excludes and disclaims all warranties, expressed or implied including, without limitation any implied warranty of merchantability or fitness for a particular purpose. Seller's damages, or for any loss, damage or expense of any kind including loss of profits, arising in connection with this contract or with the use or inability to use any product furnished or to be furnished by Seller. Venue: This agreement is deemed to have been entered into the County of Los Angeles, California, and Applicant consents to jurisdiction and venue in any court selected by Seller in the State of California.

Print Name

Owner/Officer Signature

Date