

DATE.

MisterMax™ QUALITY PRODUCTS

SOLUTIONS for Pet Odors and Stains

NAME:				
		(Please list Account Name)		
PHONE (_)	FAX ()	
MAILING ADD	RESS:			
	CITY:		STATE:	ZIP:
SHIPPINGADI	DRESS:			
BUSINESS TY (Check one)	Partn	PRATION FED. ID. # ERSHIP FED. ID. # IETOR FED. ID. #		
In California,	PLEASE INCLUDE RE	-Sale Number		
		NET 30 CUSTOMERS ONLY		
		PRINCIPALS/OFFICERS OF COM	IPANY	
NAME:		TITL	E:	
PHONE ()	EMAIL		
ADDRESS:				
				ZIP:
NAME:		TITLI	E:	
		EMAIL		
			STATE:	ZIP:
	NUMBER OF Y	YEARS THIS COMPANY HAS BEEN	IN OPERATION	
BANK NAME & BRANCH:			PHONE: ()
				ZIP:
ACCOUNT #:	CHECKING	SAVI	NGS	
	OTHER	LOAI	N	

NAMF [.]	TRADE REFERENCES				
	EMAIL				
	STATE:ZIP:				
NAME:					
	EMAIL				
ADDRESS:					
CITY:	STATE:ZIP:				
NAME:					
	EMAIL				
CITY:	STATE:ZIP:				
 Normal terms: Payment within 30 days from invoice. After 30 days from invoice date, the invoice will be considered past due and a late charge penalty of 1.5% per month or 18% per annum on any delinquent account. Upon any change in your business status (such as ownership change, change in credit rating, exceeded credit limit, insufficient funds for checks issued, etc.), MisterMax reserves the right to immediately hold any further shipments. Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of the seller. Applicant will be responsible for all expenses, including but not limited to collection fees, agency fees and/or attorney fees incurred by MisterMax in the collection of any charges due. The agreement shall be treated as though it were executed and to have been performed in San Diego, California. Any action relating to this agreement shall be instituted and prosecuted in the courts of San Diego County, California. I understand and agree to the conditions and terms. MisterMax is authorized to investigate both individual and company credit information from banks and references listed herein, as well as from credit agencies. I hereby authorize any credit reference given to release information to MisterMax. 					
DATE	SIGNATURE				
PRINT NAME	TITLE				
	ails to pay any or all charges invoiced, I personally guarantee payment in full plus service charges and sary in the process of collecting amounts due.				
Date	SIGNATURE				
PRINT NAME	TITLE				