



INTERNATIONAL INC.

©20050809

1220 SPRING GARDEN ST.

PHILADELPHIA, PA 19123-3293

FAX: 1-215-922-0970

NEW ACCOUNT APPLICATION:

PLEASE COMPLETE THIS PAGE AND SEND WITH ORDER FORM

LEGAL BUSINESS NAME: _____ EMAIL: _____

TRADING NAME: _____ PHONE#(____) _____

STREET ADDRESS: (Summer) (Winter) _____

CITY: _____ STATE: ____ ZIP: _____ - _____ FAX#(____) _____

STREET ADDRESS: (Summer) (Winter) _____

CITY: _____ STATE: ____ ZIP: _____ - _____ FAX#(____) _____

YEARS IN BUSINESS: _____ KIND OF BUSINESS: _____

BANK REFERENCE: _____ ACCT. NUMBER _____

BANK ADDRESS: _____ STATE: ____ ZIP: _____ - _____

MARK ONE: (1) _____ PROPRIETORSHIP (2) _____ PARTNERSHIP (3) STATE OF INCORPORATION _____ YEAR _____

OFFICERS, PARTNERS, OR PRINCIPALS

1. NAME _____ POSITION _____ SS# _____

HOME ADDRESS: _____ HOME TEL# (____) _____

2. NAME _____ POSITION _____ SS# _____

HOME ADDRESS: _____ HOME TEL# (____) _____

3. NAME _____ POSITION _____ SS# _____

HOME ADDRESS: _____ HOME TEL# (____) _____

4. NAME _____ POSITION _____ SS# _____

HOME ADDRESS: _____ HOME TEL# (____) _____

REFERENCES: (GIVE ONLY NAMES OF SUPPLIERS GRANTING YOU AN OPEN ACCOUNT)

1. NAME _____ TEL# (____) _____ FAX#(____) _____

STREET ADDR.: _____ CITY: _____ ST _____ ZIP _____

2. NAME _____ TEL# (____) _____ FAX#(____) _____

STREET ADDR.: _____ CITY: _____ ST _____ ZIP _____

3. NAME _____ TEL# (____) _____ FAX#(____) _____

STREET ADDR.: _____ CITY: _____ ST _____ ZIP _____

4. NAME _____ TEL# (____) _____ FAX#(____) _____

STREET ADDR.: _____ CITY: _____ ST _____ ZIP _____

THE ABOVE STATEMENT OF INFORMATION IS MADE FOR THE PURPOSE OF OBTAINING MERCHANDISE FROM THE SELLER ON CREDIT, AND THIS CERTIFIES THAT THE SELLER SHOULD RELY ON SAME AS CORRECT. PERMISSION IS GRANTED TO CONTACT THE ABOVE REFERENCES FOR ANY CREDIT INFORMATION THAT IS DESIRED.

I/WE AGREE TO THE TERMS OF PAYMENT MENTIONED ON SELLER'S ORDER FORM AND INVOICE INCLUDING THE PROVISION FOR SERVICE CHARGES AND COSTS FOR LATE PAYMENT ACCORDING TO STATE LAWS WHERE THE SELLER HAS ITS WAREHOUSE OR REGISTERED OFFICE. I UNDERSTAND ESTABLISHING CREDIT IS A PRIVILEGE AND REFERENCES MUST BE CHECKED, UNTIL CREDIT TERMS ARE ESTABLISHED, I (____) AUTHORIZE / (____) DO NOT AUTHORIZE SELLER TO SHIP MERCHANDISE "C.O.D." WITH PAYMENT TO BE MADE BY CASH OR CERTIFIED CHECK.

SIGNED: _____ BY: _____ DATE: _____

SIGNATURE OF AUTHORIZED AGENT PRINTED NAME AND TITLE

IN LIEU OF A FINANCIAL STATEMENT AND AS AN INDUCEMENT TO SELL MERCHANDISE TO THE BUYER, THE PRINCIPALS, OWNERS, OFFICERS OR PARTNERS MAY SIGN THE FOLLOWING ASSUMPTION OF RESPONSIBILITY AND GUARANTY AGREEMENT. IF FIRM IS A PROPRIETORSHIP AND PRINCIPAL IS MARRIED, BOTH SPOUSES MUST SIGN.

I/WE ASSUME PERSONAL RESPONSIBILITY FOR AND GUARANTEE PAYMENT OF ALL SUMS DUE AND PAYABLE TO SEAGULL INTERNATIONAL INC. T/1 SEGAL INTERNATIONAL BY THE BUYER LISTED ABOVE, INCLUDING SERVICE CHARGES AND FEES THAT MAY ACCRUE IN COLLECTIN THE ACCOUNT.

SIGNED: _____ PRINT: _____ DATE: _____

SIGNED: _____ PRINT: _____ DATE: _____

SIGNED: _____ PRINT: _____ DATE: _____

SIGNED: _____ PRINT: _____ DATE: _____