

RagLady Inc.
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 Stevensville MD 21666
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 F: 410.633.8144
 E:info@raglady.com



Alert!!! \$600.00 Minimum per Invoice
 for ALL Terms.

**Open Terms for Public Institutions,
 Schools & Government Agencies.**

BUSINESS CREDIT APPLICATION AND AGREEMENT

Company Name:		Company EIN:	
Phone:	Fax:	Website:	
Registered Company Address:		Date Established:	
City:	State:	ZIP Code:	
Type of Business/Industry:			
Corporation:	Sole Proprietorship:	Partnership:	Other:
Bank Name:		Phone:	
Bank Address:			
City:	State:	ZIP Code:	
Checking Account Number:			

CUSTOMER CONTACT INFORMATION * (Must be completed!!!)**

Primary Contact for Orders:		Email:	
Address:			
City:	State:	ZIP Code:	
Phone:			
Purchasing/Buyer Contact:			
Phone:		Email:	
Accounts Payable Contact:			
Address:			
City:	State:	ZIP Code:	
Email:		Email Invoices to:	

BUSINESS/TRADE REFERENCES

Primary Contact:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	
Primary Contact:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	Email:	

AGREEMENT & SIGNATURE

THE APPLICANT AGREES TO ACCEPT THE FOLLOWING TERMS:
 1. Payment due 30 days from date of invoice.
 2. 3 Strikes Policy: If payment is received late 3 times within a 12 month period, terms/credit will be revoked for a 12 month period. Please pay on time!
 3. It is agreed that the undersigned will be responsible for all of RagLady Inc's reasonable legal fees and cost incurred for the collection of any overdue sums.

ANY IMPLIED WARRANTY OF MERCHANTABILITY OR IMPLIED WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE AND ALL OTHER WARRANTIES, EXPRESSED OR IMPLIED, AS TO RAGLADY INC'S PRODUCTS, OTHER THAN ANY EXPRESS WRITTEN WARRANTIES GIVEN AT THE TIME OF PURCHASE OF THE PRODUCT, ARE EXPRESSLY DISCLAIMED. THE APPLICANT SHALL HAVE NO REMEDY AGAINST RAGLADY INC. FOR INCIDENTAL, CONSEQUENTIAL, OR SPECIAL DAMAGES AND THE SOLE AND EXCLUSIVE REMEDY FOR ANY DAMAGES SHALL BE A RETURN OF THE GOODS AND REPAYMENT OF THE PURCHASE PRICE.

Being duly authorized, the undersigned represents and warrants that the information provided herein is accurate and true and RagLady Inc. is entitled to rely on this information as part of the consideration to grant credit. I authorize RagLady Inc. to check my company's credit history and to answer questions about RagLady Inc.'s credit experiences with my company.

I HAVE READ, FULLY UNDERSTAND, AND AGREE TO ALL TERMS SET FORTH ABOVE.

Title:	Signature:
Date:	Print:

***Complete & Return Credit Application to: info@raglady.com OR fax 410-633-8144**