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 Kalamazoo, MI 49009
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www.360digitalbooks.com

For Internal Use Only:

Salesperson: _____

Account #: _____

Date Opened: _____

CONFIDENTIAL CUSTOMER ACCOUNT FORM

Company Name: _____

Responsible Party: _____ Email Address: _____

Phone #: _____ Fax #: _____

Shipping Address: _____
 Street City State Zip

Billing Address: _____
 (If Different) Street City State Zip

Nature of Business: _____ Date Started: _____

Tax Exempt #: _____ Federal ID#: _____ Social Security #: _____
 (Must submit Certificate of Exemption Form)

PAYMENT TERMS: (please check one)

Credit Card: By signing this part of the application, you are authorizing 360 Digital Books to charge your credit card for each order placed (50% at Confirmation stage and remaining balance {overs, freight, etc.} before Shipping). The order itself constitutes your authorization. See Terms and Conditions, which is provided with all quotes for complete details.

Visa M/C AmEx Account Number: _____

Expiration Date (month/year): _____ Security Code (last three digits on back of card): _____

Credit Card Address: _____
 Street City State Zip

*The credit card address needs to match the address used on the credit card account. This is used to validate the credit card.

Name as appears on Credit Card: _____ Signature: _____

Cash-In-Advance: To pay for services in cash we require 100% of quoted amount when order is placed. Overs, freight, etc. will be billed and invoice mailed to be paid upon receipt. See Terms and Conditions, which is provided with all quotes for complete details.

Person to contact in Accounts Payable: _____ Tel. #: _____

Note: Our invoices are emailed as PDFs. Please indicate email address: _____

Are Purchase Orders Required? Yes No

Person(s) Authorized to Purchase: _____

Special Billing Instructions (if any): _____

360 Digital Books Terms: Prices are subject to change without notice. Invoices are due upon receipt. A late charge of 1.5% per month may be added on past due accounts. This is an Annual Percentage Rate of 18%. 360 Digital Books reserves the right to hold person(s) representing this Company responsible for reasonable collection cost and attorney fees in the event that the account is turned over to collections. There will be a \$35.00 charge for each occurrence in the event of any non-sufficient check or charge card declining.

Return of Goods: Request for returns must be submitted within 90 days from the date of invoice.

360 Digital Books reserves the right to change terms.

Everything that I/We have stated in the application is correct and to the best of my knowledge. I/We understand that you will retain this application whether or not it is approved. I/We fully understand your credit terms and agree to the proper payment.

Signature of Applicant or Authorized Representative: _____

Printed Name of Applicant or Authorized Representative: _____

Date of Application: _____

PLEASE BE ADVISED THAT IF THIS AGREEMENT IS NOT FILLED OUT COMPLETELY, ANY ORDERS THAT YOU PLACE WITH US MAY NOT BE FILLED. ALL INFORMATION REQUESTED IS REQUIRED UNLESS OTHERWISE STATED.