

Eighty One Enterprises, Inc.

Terms Application

Spreegirl™ seven*til Midnight® 9401 Whitmore St. El Monte, CA 91731
Tel: 626-371-1980 Fax: 626-288-2670

Company Name: _____ Phone#: _____
DBA: _____ Fax #: _____

TRADE REFERENCES (Please fill in or attach info.)

1. Company Name: _____ Contact: _____
 Account #: _____ Phone #: _____ Fax #: _____
 Address: _____ City: _____ State: _____ Zip: _____

2. Company Name: _____ Contact: _____
 Account #: _____ Phone #: _____ Fax #: _____
 Address: _____ City: _____ State: _____ Zip: _____

3. Company Name: _____ Contact: _____
 Account #: _____ Phone #: _____ Fax #: _____
 Address: _____ City: _____ State: _____ Zip: _____

BANK REFERENCES (Please fill in or attach info.)

1. Bank Name: _____ Contact: _____
 Account #: _____ Phone #: _____ Fax #: _____
 Address: _____ City: _____ State: _____ Zip: _____

Under penalty of perjury, I certify that all the information supplied on this form is true and correct. We hereby agree to pay by the terms of sale listed on each Eighty One Enterprises, Inc. invoice. Each return check will be charged \$25.00. We further agree to pay all the collection fees, attorney fees, court cost and expenses incurred by Eighty One Enterprises, Inc. to collect balances due.

Authorization is hereby given to release information to Eighty One Enterprises, inc.. regarding our banking and credit history for the purpose of establishing credit. We hereby indemnify Eighty One Enterprises, Inc. and its agents from any liability resulting from their credit survey. All information shall be held strictly confidential.

Guarantor Name: _____ Signature: _____
Title: _____ Date: _____

FOR BANK USE ONLY

Dear Bank Officer,

The above referenced account has applied to us for business credit and has given your bank as a reference. This is a new account for us with no prior credit experience. We appreciate your assistance in providing the following information:

Account Open Date: _____ Current Balance: _____
 Type of Account: _____ Lowest Balance: _____
 Credit Limit: _____ Maturity Date: _____
 No. of Non-Sufficient Check: _____
 Average Monthly Balance (For the last 6 months): _____

Account Comments: Excellent Good Fair Limited

Prepared by: _____ Signature: _____
Title: _____ Date: _____

Please Fax Back To EIGHTY One Enterprises, Inc. 626-288-2670 Attn: Credit Dept. Thank You!