

ABRAM'S NATION, LLC

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION			
Company name		Accounts Payable Contact Info:	Purchase Order Confirmation Email:
DBA		Name:	
Phone		Phone:	<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Fax		Fax:	
E-mail		Email:	
Registered company address City, State ZIP Code		Credit Amt Requested	
How long at current address?		Primary Billing business address	

BUSINESS AND CREDIT INFORMATION			
EIN		Date Business Commenced	
DUNS #		Type of Business	
SIC		Parent Co. Name (if any)	
SSN of Individual (guarantor)		Attach list of branches	
Sales Tax Exemption/ Resale Certification #		Have you done business with Abram's Bed in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated Annual Sales		Number of Employees	
Fiscal Year End		Credit Type/Credit Card #	
Full Year Financials/Tax Return available		Expiration Date/CSV Code	

BANK REFERENCES			
Bank name:		Bank name:	
Phone		Phone	
Account number		Account number	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Type of account		Other	

AGREEMENT

1. MAIL PAYMENTS TO: **ABRAM'S NATION, LLC, 4726 Highpoint Drive, Gibsonia, PA 15044 OR ARRANGE WIRE TRANSFER WITH ACCOUNTS DEPT.**
2. All invoices are to be paid according to distribution agreement payment terms. If invoice is not paid within the agreed terms, a 5% late fee will be applied every 30 days past due. After 90 days from the invoice date, your credit card will be charged with the full amount of the invoice plus late fees.
3. Claims arising from invoices must be made within seven working days. Email accounts@thesafetysleeper.com or call 724-967-5337.
4. By submitting this application, you authorize Abram's Nation, LLC to make inquiries into the banking, credit and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	