



65 Westfield Industrial Park Road - Westfield, MA 01085-1693

Company Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Business Phone: (____) _____ - _____

Business Fax: (____) _____ - _____

Name of Principal or Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____ Tel: (____) _____

Business Checking #(6 months minimum): _____

NEW ACCOUNT APPLICATION & AGREEMENT

Phone 1-800-347-3276 FAX 1-413-568-9663

www.camfour.com

email:admin@camfour.com

BUSINESS INFORMATION

F.E.I.N. Number _____

() Sole Proprietor Year Business Started _____

() Partnership Year Business Started _____

() Corporation Date of Incorporation _____

() Other Specify _____

Please provide your Business Email address:

Email: _____

Store Hours: _____

Amount of credit desired \$ _____



TRADE REFERENCES: Complete the following information on **three** of your major open accounts or COD check approved vendors.

Vendor Name _____

City _____ State _____

Total Purchases? \$ _____

Current Amount Due? \$ _____

Number of Years Doing Business with Vendor: _____

Vendor Name _____

City _____ State _____

Total Purchases? \$ _____

Current Amount Due? \$ _____

Number of Years Doing Business with Vendor: _____

Vendor Name _____

City _____ State _____

Total Purchases? \$ _____

Current Amount Due? \$ _____

Number of Years Doing Business with Vendor: _____

Name of liability insurance carrier: _____ Policy No. _____

Telephone # _____

Fax # _____

Credit Limit? \$ _____

Terms of Sale from Vendor? _____

Telephone # _____

Fax # _____

Credit Limit? \$ _____

Terms of Sale from Vendor? _____

Telephone # _____

Fax # _____

Credit Limit? \$ _____

Terms of Sale from Vendor? _____

The above information is true and correct to the best of the Applicant's knowledge, and the Applicant hereby authorizes Camfour to contact any firm shown on the application as a reference.

The customer also agrees that if Camfour should sell it merchandise on open account that all sales shall be subject to the terms and conditions set forth on page 2 hereof.

Signed: _____ Title: _____ Date: _____

Signatures are required on both pages of this new account application.

CUSTOMER'S AGREEMENT

All sales of merchandise by Camfour to you on open account will be subject to all of the following terms and conditions:

1. Objections. You shall have five (5) business days from the date you receive a shipment to notify Camfour in writing of any objections such as damage to any items, discrepancy between the goods ordered and the goods delivered, or any other grounds for rejecting any shipment, in whole or in part.

2. Due Date. The full amount of every invoice shall be due and payable within thirty (30) days of the date on which the goods are shipped.

3. Interest. In the event that you do not pay the full amount of any invoice within thirty (30) days from the due date thereof, interest will accrue on the unpaid balance at the rate of **One and One-Half percent (1.50%)**, which translates into an annual percentage rate of 18%.

4. Attorney's Fees. In the event that Camfour should have to retain an attorney to assist it in collecting a delinquent account, the customer shall become liable for all attorney's reasonable collection fees and costs.

5. Jurisdiction and Waiver of Jury Trial.

If Camfour should decide to enter a civil action to obtain a judgment for any money owed by you, the case can be entered in a court located in Hampden County, Massachusetts, and Camfour can obtain service of process on you by sending you a copy of the legal process pursuant to the Massachusetts long arm statute, and you will not contest the court's jurisdiction. By signing this document you hereby waive your right to a jury trial in any such action.

6. Severability. If any provision contained in this entire document is declared to be unenforceable, the court shall only amend this agreement to the limited extent necessary to remove the illegal provision. And the remainder of this agreement as so amended shall remain in full force and effect.

Signature: _____
Title: _____
Date: _____

Signatures are required on both pages of this new account application.

If your account exceeds the established credit limit with our company, please select one of the two options below:

- 1. **Ship my orders C.O.D. until my account is paid below it's credit limit.** _____
- or
- 2. **Hold my new orders until the account is paid below it's credit limit.** _____

Mail Application, FFL, Financial Statement and State Resale Certificate to:
CAMFOUR -- ATTENTION: CREDIT MANAGER
65 Westfield Industrial Park Road, Westfield, MA 01085-1693

OFFICE USE ONLY:	
TERMS CODE	_____
CREDIT LIMIT	_____
DATE	_____
SIGNATURE	_____
CAMCOD: YES:	_____ NO: _____