

SOUTHLANDPROCESSSERVER.COM

CREDIT APPLICATION

Firm Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____ **Fax:** (____) _____

Email: _____

Form of Organization: Corporation ____ Partnership ____ Individual ____

Federal Tax ID: _____ **State UBI#** _____

How long in Business? _____ **How long at present address?** _____

Previous Address
(if less than two years) _____

Accounts Payable Contact: _____

Credit References:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bank References:

Contact Name	Phone
_____	_____
_____	_____

Principals of Firm:

Name	Date of Birth	Social Security Number
_____	_____	_____
_____	_____	_____

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1. **Credit Plan:** The credit plan is incorporated by reference herein.
2. **Terms:** The balance due from the customer shall be paid within fifteen (15) days from the date of the "Invoice". The customer agrees to pay SouthlandProcessServer.com the reasonable costs of collection and enforcing this contract, including attorney fees. Past due balances will bear interest at one and one-half percent (1.5%) per month until paid in full.
3. **Venue for all Disputes:** County of Orange, California
4. **Personal Guaranty of Corporation's Obligation:** The undersigned, an officer of the Corporation ("Guarantors"), personally and individually agrees that he / she absolutely and unconditionally guarantees performance of all the terms and conditions of the contract to the same extent as if he / she was the Corporation. No modification, extension and / or indulgence granted to the Corporation shall release liability herein. SouthlandProcessServer.com at its option, without notice, both may proceed simultaneously against the Corporation and any of the Guarantors, and shall be under no duty to give notice of default of the Corporation to the Guarantors.
5. **Credit Card Guarantee:** The undersigned agrees to secure this application with a credit card. If the "Invoice" is not paid in full within 30 days of the invoicing date, the following credit card information will be charged in the full amount of the invoice. The undersigned agrees the charge for said invoiced services is non-refundable, non-revocable and non-contestable.

MASTERCARD VISA AMERICAN EXPRESS

CREDIT CARD NUMBER	EXPIRATION DATE	3 OR 4 DIGIT CARD CODE
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EXACT NAME AS IT APPEARS ON THE CARD

CREDIT CARD BILLING ADDRESS, CITY, STATE AND ZIP CODE

AUTHORIZED SIGNATURE OF CREDIT CARD HOLDER	DATE
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6. **Acceptance of Proposal:** The terms and conditions set forth above are satisfactory and are hereby accepted. SouthlandProcessServer.com is authorized to perform the work and payment will be made, according to the terms specified above. Signed facsimile copies will be regarded as signed originals.

Accepted By: _____ **Date:** _____

Printed Name	Title
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