Logomark

1201 Bell Ave, Tustin CA 92780 Phone: (714) 675-6100 Fax: (714) 675-6212

APPLICANT INFORMATION			
Legal Business Name:			
DBA Name:			
Principal Name 1:			Title:
Principal Name 2:			Title:
Business Address (physical address):			
PO Box (if applicable):			
City:	State:		ZIP Code:
Phone:	Cell Phone:		Year Established:
ASI #:	Sage #:		PPAI #:
Estimate Annual Sales:	nnual Sales: Payables E-mail:		
Corporation	Partn	ership Sole Proprietor	(Please circle)
Buyer agrees that if litigation of collection procedures must be instituted for collection of any unpaid balances due in this account, buyer will pay all costs of such efforts, including reasonable attorney's fees. All accounts more than0 days past due invoice date shall be deemed past due and interest on said accounts shall accrue at the rate of 1.5 % per month, (18% per year).			
If any legal action must be initiated for any unpaid balances, buyer agrees that venue for such action shall be Orange County, State of California, notwithstanding that buyer may do business elsewhere, reside elsewhere, or that this agreement may be signed elsewhere.			
Buyer may cancel any order upon giving reasonable notice to seller, and upon payment by buyer of all reasonable charges based upon expenses already incurred, and commitments made by seller. All returns must be accompanied by an authorized Logomark RMA number.			
Effective 2/1/2023, there will be a 2.5% convenience fee on all payments made by credit card. Payments made by check or ACH will not incur additional fees.			
I authorize Logomark, Inc. to verify the information provided on this form as to company credit history.			
Signature:			Date:
Printed Name:			
Title:			