

# Application for Commercial Charge Account

## Mariposa Labs LLC

P.O. Box 1779, Boise, Idaho 83701  
Phone: (208) 947-1500 / Fax: (208) 947-1504

Office Use:

Acct #  
\_\_\_\_\_

This statement is made for the sole purpose of establishing a line of credit with Mariposa Labs, Inc. and the information herein contained is complete and truthful. Mariposa Labs, Inc. has authority to obtain financial information as necessary in establishing and maintaining this requested line of credit. I/We request credit in the amount of \$\_\_\_\_\_. I/We understand this credit line, once established, may be raised or lowered at the discretion of Mariposa Labs, Inc.

### General Account Information

Account Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date Business Started \_\_\_\_\_

Previous Address (if less than 4 years at address above) \_\_\_\_\_

Type of Business (Product or Service) \_\_\_\_\_

Have you ever had or applied for an account with us under the name above or another name?  Yes  No  
If so, what was the account name? \_\_\_\_\_

This account is for a/an  Individual  Partnership  Corporation  
If a Corporation, what is your Federal Tax I.D. #: \_\_\_\_\_

Have you ever filed for bankruptcy?  Yes  No  
If yes, when: (date) \_\_\_\_\_  
Where: \_\_\_\_\_ Case No.: \_\_\_\_\_

Do you have a State Sales Tax Exemption Certificate?  
 Yes  No  
(If yes, please attach copy of certificate)

Dunn & Bradstreet No.: \_\_\_\_\_

Do you require Purchase Orders on all invoices?  Yes  No

### Owners, Partners or Officers

1. \_\_\_\_\_  
Name: First Middle Last Title Date of Birth

Social Security Number Home Address Phone Number

2. \_\_\_\_\_  
Name: First Middle Last Title Date of Birth

Social Security Number Home Address Phone Number

3. \_\_\_\_\_  
Name: First Middle Last Title Date of Birth

Social Security Number Home Address Phone Number

Name: First Middle Last Title Phone Number

Purchasing Contact: \_\_\_\_\_

Billing Contact: \_\_\_\_\_

(over)

## ***Business Credit References***

Please list at least three (3) businesses with which you have regular charge accounts:

Company Name	Address	Fax	Phone	Person to Contact
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

## ***Banking References***

1. _____	_____	_____	_____	_____
Bank/Branch	Person to Contact	Phone	Fax Number	
_____	_____	_____	_____	_____
Account in Name of	Account Number	Checking    Savings    Loan		
		<i>(Circle the type of account)</i>		
2. _____	_____	_____	_____	_____
Bank/Branch	Person to Contact	Phone	Fax Number	
_____	_____	_____	_____	_____
Account in Name of	Account Number	Checking    Savings    Loan		
		<i>(Circle the type of account)</i>		

## ***Charge Account Agreement & Disclosure***

Please read carefully and sign below:

1. **Terms:** To be approved by Mariposa Labs:

**Prepay**                       **50% down/50% on delivery**  
 **Net 30**

Balances not paid in full within those terms are charged a FINANCE CHARGE of 1 1/2% compounded monthly = 19.56% ANNUAL PERCENTAGE RATE. Mariposa Labs, Inc. shall have the right to: a.) declare the entire indebtedness due and payable if default occurs in making any payments when due; b.) to collect reasonable attorney's fees and court costs if account must be referred to an attorney for collection; c.) to change the terms of the account from time to time (consistent with applicable law); d.) to limit the amount of credit extended under this account or terminate the account, but may avail itself of the terms of this agreement until full payment of the entire balance, including finance charge to date of payment has been received.

2. **Credit Information:** In submitting this application for credit, we authorize you to investigate our credit record and we authorize our bank to release information to you on request. We also authorize you to release information about your credit experience with us to those vendors or credit information agencies who request it.
3. **Payment Guarantee:** We, the undersigned, also individually "guarantee payment" of all debts entered into and incurred under this charge account in accordance with the terms of this agreement.
4. We certify that the credit information above is correct and agree to the terms above.

Authorized Signature(s)	Print Name	Title	Date
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The Federal Equal Credit Opportunity Act requires that all creditors make credit equally available to all creditworthy customers without regard to sex or marital status. The federal agency which administers compliance with this law concerning this company is the Federal Reserve System.