

Sandbag Store LLC

2752 Abels Ln Las Vegas, NV 89115 Phone **800-550-1235** Fax **702-202-3820**

CREDIT APPLICATION

The undersigned company is applying for credit with Sandbag Store LLC and agrees to abide by the terms & conditions as presented and as follows.

Applicant Company Name			
DBA (if different than above)		Web Site	
Name of Applicant Company's Principal			
Social Security Number		Email Address	
Purchasing Contact		Email Address	
Accounts Payable Contact		Email Address	
Phone		Fax	
Billing Address			
Is Your Business Site Owned or Leased?		If Leased / Rented provide the Landlord Name and Phone Number	
Shipping Address (if different than billing address)			
Select Your Shipping Preference: Parcel Freight Other			Do you require a Purchase Order# on Invoices?
Federal Tax ID#		Vendor License, Resale or Tax Certification #	
DUNS#		Date Established	
Are you Tax Exempt?	Have Had Credit with us before?	If YES, under what business name?	
# of Employees	Parent Company Name and Phone#		
Select your business organization type: Corporation Partnership Sole Proprietorship			
Officer or Partner Name		Title or Share	
Officer or Partner Residential Address and Phone#			
Officer or Partner Name		Title or Share	
Officer or Partner Residential Address and Phone#			
Officer or Partner Name		Title or Share	
Officer or Partner Residential Address and Phone#			

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List Your Trade Credit *and* Bank References Below

1st Trade Business Name		Account #	
Contact		E-mail Address	
Phone	Alternate Phone	Fax	
2nd Trade Business Name		Account #	
Contact		E-mail Address	
Phone	Alternate Phone	Fax	
3rd Trade Business Name		Account #	
Contact		E-mail Address	
Phone	Alternate Phone	Fax	

1st Bank Name			Contact Name
Checking Account #	2nd Checkiing Acct#	Savings Accountt #	Phone #
2nd Bank Name			Contact Name
Checking Account #	2nd Checkiing Acct#	Savings Accountt #	Phone #

I (the undersigned) understand that by signing this credit application I am stating that I am a legal agent of the above mentioned applicant and that I have the authority to represent the applicant in this matter. Further, I hereby authorize Sandbag Store LLC to contact the listed trade references and to inquire about the applicant's payment practices and other factors that may help Sandbag Store LLC assess creditworthiness. I also authorize Sandbag Store LLC to contact the banking references listed above and I authorize the bank to provide Sandbag Store LLC with information regarding accounts and balances, lines of credit and other credit instruments. Further, I understand that I am authorizing Sandbag Store LLC to access national, regional, or local databaes to obtain any information that may assist in assesing credit risk. Sandbag Store LLC reserves the right to add interest to the outstanding balance monthly at the maximum rate of 1.5% should payment be delinquent beyond credit terms granted to the applicant, plus NSF or Stop Paymtnent or Closed Account checks or revoked credit card payments will be charged \$25 per occurrence.

Signed

Print Name	Title	Date
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I, or We (the undersigned) personally and individually guarantee the payment of any outstanding balances due Sandbag Store LLC. Absent written permission by Sandbag Store LLC this personal guarantee may not be revoked. Should Sandbag Store LLC be forced to file a legal claim against the applicant and/or the undersigned for reason to recover the past due amount, it is the right of Sandbag Store LLC to add reasonable collection costs, legal costs and attorney fees to the assigned balance due.

Signed

Print Name	Title	Date
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Send to: info@sandbagstore.com or fax: (702) 202-3820

Thank you , Sandbag Store LLC