



Spring's Window Fashions LP
 7549 Graber Road
 Middleton WI 53562
 Phone: (866) 747-2237
 Fax: (608) 836-6127



Essex Sales & Marketing Group
 Fax: 877-533-7739
 ← May to

Handwritten signature

Agent Name _____
 Territory # _____

FOR SALES USE ONLY

PLEASE LIST ALL ACTIVE TRADE REFERENCES BELOW

(1) Name _____ Address _____ City _____ State _____ Zip _____
 Telephone # _____ Fax # _____
 Acct. # _____

(2) Name _____ Address _____ City _____ State _____ Zip _____
 Telephone # _____ Fax # _____
 Acct. # _____

(3) Name _____ Address _____ City _____ State _____ Zip _____
 Telephone # _____ Fax # _____
 Acct. # _____

(4) BANK REFERENCE: Checking Savings

Bank Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone # _____ Fax # _____

STANDARD OPEN TERMS, IF GRANTED, ARE NET 30 DAYS FROM DATE OF INVOICE.

READ CAREFULLY: I (We) agree to keep within your published terms of sale. I (We) also understand that should this account become delinquent and it be necessary to employ an attorney or collection agency to collect or commence suit to enforce payment, I (We) agree to pay all attorney's collection fees plus the cost of any suit. I (We) further agree to pay all monies due in lawful money of the United States. Further I (We) understand and agree that any amounts owed under this agreement are not transferable and in the event of change of ownership of the applicant I (We) will notify Spring's Window Fashions LP in writing thirty (30) days prior to any change of ownership, change in location or cessation of business activity. I (We) further agree that I (we) will be personally responsible for any money not paid by the applicant.

All principals must sign below:

Print Name _____ Signature _____
 Print Name _____ Signature _____

Please attach a separate sheet, indicate the names and addresses of other owners, and please have them sign. Thank you.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit applicant, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation.

Print Full Name: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____
 Social Security Number: _____
 Signature: _____