Date □ORDER PE['{DING

You ma�• purdhasie from d'.dl:eSlid,;s, within 48,hours, wwth ,m Account Number and 00D pa�•ment

terms. ease note wnelihe,r you W{]Uld �ke us to proces.s your a pplicanon for:

D Open Accoont-Gredit Status,- *UsuaUy 5 dairs a'epemJifl9·an*

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*trade refereoce-s*

*C.O.D. or Credit Ca.rd*

# Customer lnformatio,n Fo,rm

Open account bining is ava�allle to retailers **with** storefront displays and normal business hours after credit app:roval.

roval takes one week from recei t of the com: leted lica1ioo. FiddleSlicks reserves the ri ht to refllse credlt to an ne.

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| �  *2*  ,;.j e  �t:i..�.e  � .!::  �  � | Company iame \_ M1ailingAdclress.  City/State/Zip  Shipping Addres.s DResidential  City/State/Zip  Pho:ne Fax  Business.Website Business.IE-mail | | | | | |
|  |  |  |  | |  |  |
|  | D Gift & Specialty Retail D Outdoor □  Description of busi es.s: Heart· & Patio Retail Grocery campgrround convenience  other \_ Do 'fOU llave a showroom? D No D Y.e-.s Approximate Si;;e-: sq.. *ft.* Date Rusines.s Started Facilitie-.s/Building; D Rent Oov.•n  Federal Tax m No. Resale 10..  *+fJi�r:1� ,att-.:.-� a ropy a}'* ,1.raU"r i=rl..-.s-at..-C�rtif."'C!J�  This Company is: ORetail OR D i."lhole-.sale  DCo:rporatio D Partnership D I clividual D Ot er *fspe,dfy)* | | | | | |
|  |  | | | | | |
| �  *2*  11;1  E:  ""'l ..e  t:i..!::  .S! -�  � *..�t=*  �IV  �  0 | Principle **(1)** Name |  | Title | |  |  |
| Home AdJclress. | | | | | |
| City/State/Zip Principle (2) Name |  | Daytime Phone  Title | |  |  |
| Home AdJclress. | | | | | |
| City/State/Zip |  | Daytime Phone | |  |  |
| How lo ghas the rnnrent ovJner ov.1neclt e busineSiS? | | | | | |
| ·-ii:?  .9.:,1,. I "'  l:l.j  "21...  vi.U' | l) 3) | | | | | |
|  | | | | | |
| 2) |  | 4) | |  |  |
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| *S*��  "' �&:  ��  � | *Please* 1',ist *companies* Y,:,[I *!itwe tu:id'cpen arrow1its* L1drh*for* O'.<er ***1*** *year. References a;,;e verif:ierHry fex. please .supply fax numbers.* | | | | | |
| Company (ll AdJclress.  Ph. Fax \_ | | Compall'{ (3) |  | | |
| AdclreSiS IP . IFax | | | |
| Company (2) AdJclress.  Ph. Fax | | Compall'{ **(4)**  AddreSiS | | | |
| IP - | | | IFax |

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In consideration for the extension of credit by FiddleSticks Firestaner, customer hereby agrees to andisaware of the following:

1. Termsof payment are stated on fiddleSticks Firestarter invoices;
2. Anyamount outstandingbeyondinvoice termsshallbearinterest of 18%perannum,or such lower ratewhichisthemaxi- muminterest which maybe charged to the customer according to the laws of the state in which thecredit is extended.
3. In the eventor nonpayment, FiddleSticks maysue ror collection In a court In Jefferson County, Aabama. Customer cons.ents to the jurisdiction of such court and agreesthat venue liessolely in such coun, and that Alabamalaw shall apply. The customer agrees to pay for all expenses incurred in collecting past due amounts. Said costs and expenses shall include all reasonableattorneyand/or collections fees.

Person Requesting Credit *(please prjnt)*

Signature Date

*Requiredfor NOpen..,and NCOO" accounts thatwish to payby check.*

To induceFiddleSticsk to extend credit to the Individual, partnership, or oorpo,ation applying for credit herein, theundersigned herebypromises that if saidapplicant at anytimedefaults in thepayment of itsaccount, any service chargeor anyattorney's feesandcostpayable by it, theundersigned shallpaytoFiddleSticks, its successorsorassigns, saidamount oramountsonreceipt

of written notice of such default given to theundersigned. In the event of nor1--payrnent, FiddleSticks maysue for collection in a coun:in JeffersonCounty, Alabama. Thisguarantee shallbe acontinuing guaranteeand theliability hereunder shallin noway bearfectedo, diminished *by* reason of anyextension of time thatmaybegranted by FlddleStlcks to suchindividual, partnership or corporation. ThePrinciplegrants FiddleStldtspermission toruna credit ,eport on thePrinciple for the solepurpos.e of evaluating Principle'scredit worthiness.

Principle (1) Name*(frP.,mit:t::,,,asr;*

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Home Address/aty/State/Z.ip

Ori,..er's LicenseNo. Social Security No.

Signature Date

Principle (2) Name*{frs:.mi":iait.*�::tJ Home Address/aty/State/Z.ip

Driver's License No. Social Security No.

Signature Date

*Requiredfor NOpen..,and NCOO" accounts thatwish to payby check.*

Aspan of our normal credit process. werequestinformation from yourbank. Toobtain thisinformation weuse astandard NRequest forBankInformation" form published bytheN.A.C.M. Thisform asksfor account open dates,average balance and loan experiencedata. hl order for thebank torelease this information toFiddleStldts,pleas.e sign thestatement below authorizing thebank to complete this form.

Company Name Bank Account No. Bank Name Phone Address/Citv/State/Zip

*ii!*  I, authorize mybank to complete and return to FiddleSticks the enclosed NRequest for Bank Information" form.

Signature Date

Whatproducts do youexpect to purchase from FiddleSticsk? - O HeanhFirestarter □charcoal Firestarter

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OCharcoal O Firewood OChunks OChips OPlanks OGrills & Smokers □Accessories

Whatisthe amount of credit you are requesting?$ Do youaccept Backorders Oves ONo

How did youhear aOOut FiddleSticks?

* + - *Payment should be madefrom invojces. Statements arenot mailed unless requested.*