



DESIGNER BLINDS

CONFIDENTIAL BUSINESS CREDIT APPLICATION

4500 S. 76th Circle • Omaha, NE 68127-0459 • (402) 331-2283 • (800) 292-5463 • Fax (402) 592-6320

Company Name: _____ Phone: () _____
Street Address: _____ Fax: () _____
City, State, Zip: _____ County: _____
Type of Business: _____ Years Established: _____
Tax Resale #: _____ Annual Volume: \$ _____ No. of employees: _____
Email address: _____ Drivers License # _____ State _____
Business is operated from: [] Commercial establishment [] Showroom [] In-home
Our legal entity is: [] Corporation (State: _____) [] Partnership [] Sole Proprietor

OWNERS/OFFICERS:

Table with 5 columns: Name, Street Address, City/State/Zip, Title, Social Security No. (Two rows)

ACCOUNT TYPE REQUESTED

[] C.O.D. [] Credit Card [] Open [] Fax Check
Please attach voided check

For the purposes of obtaining merchandise from DESIGNER BLINDS on credit, the undersigned agrees to the following. All billings will be paid in full on or before the 30th day following the invoice date, and payments will be sent to the office of DESIGNER BLINDS OF OMAHA, INC, 4500 S. 76th Circle, Omaha, NE 68127-0459. If payment is not made when due, the purchase price will be increased by 1 1/2% per month (18% per year.) of the amount due from the date of invoice until paid. Credit privileges will be revoked if invoices are not paid in full within 60 days. In the event that it is necessary for DESIGNER BLINDS to take legal action or use the services of a collection agency to collect and account, the undersigned agrees to pay all reasonable expenses incurred including attorney fees and all pre- and post- judgement interest. This application and any dispute between the undersigned and DESIGNER BLINDS shall be governed by the laws of the State of Nebraska, and, in the event of litigation over this application or any other dispute, such litigation shall be in the DISTRICT COURT OF DOUGLAS COUNTY, NEBRASKA.

All information contained in this application is true and correct to the best knowledge of the undersigned. This application may be retained by DESIGNER BLINDS whether or not credit is approved. DESIGNER BLINDS is authorized to check the credit history of the undersigned and to answer questions of third parties regarding the undersigned's credit experience with DESIGNER BLINDS.

If the Undersigned Company is a sole proprietorship, this application must be signed by the sole proprietor and the sole proprietor acknowledges that he or she is personally liable for all debts and obligations to DESIGNER BLINDS. If the Undersigned Company is a partnership, this application must be signed by a general partner and it is acknowledged that all general parties are or may be personally liable for all debts and obligations to DESIGNER BLINDS. If the Undersigned Company is a corporation, this application must be signed by an authorized officer and such officer must sign the personal guarantee set forth below.

SIGNED AT _____ THIS _____ DAY OF _____, 20____ NAME OF COMPANY: _____

BY: _____ TITLE: _____
(signature)

CORPORATE ACCOUNTS MUST ALSO SIGN BELOW

In consideration of DESIGNER BLINDS extending credit to _____, The undersigned hereby personally and unconditionally guarantees any and all present and future debts and obligations of said company to DESIGNER BLINDS.

BY: _____ DATE: _____
(signature) (print name)

FOR OFFICE USE ONLY [] APPROVED TYPE: [] OPEN [] C.O.D. [] DISAPPROVED ACCOUNT No. _____ SALES EXECUTIVE _____ CREDIT MANAGER _____