



5350 NW 165TH ST. MIAMI, FL 33014
Phone: (305) 623-4855 • (800) 627-7117 • Fax: (305) 623-8139 • (800) 789-4616
Website: www.abetterblind.com • E-mail: info@abetterblind.com

APPLICATION

INSTRUCTIONS: Please print/type. Fill in all spaces and complete by signing where indicated. A signature is mandatory prior to receiving credit terms. If a corporation, the signature must be that of an officer or authorized agent.

Ship-to Address (check one): ___ Commercial ___ Residential
Billing Address: (if different)
Co. Name
Address
Address
City ST Zip
Phone () - -
Email
Organization Status (check one): ___ Corporation ___ Partnership ___ Sole Proprietorship ___ LLC
Years in Business:
Full names of Key Personnel in your company:
Accounts Payable Contact:

Trade References

1. Name: Acct #: Contact:
Address: Phone: () - -
City ST Zip Fax: () - -
2. Name: Acct #: Contact:
Address: Phone: () - -
City ST Zip Fax: () - -
3. Name: Acct #: Contact:
Address: Phone: () - -
City ST Zip Fax: () - -

The information herein is true and correct and submitted by the undersigned for the purpose of purchasing merchandise from A Better Blind, Inc. A Better Blind, Inc. may verify this information, make inquiries with my bank, as well as obtain my company credit history and my personal credit history (if personally applied for). I hereby grant A Better Blind, Inc. the authorization to report our (my) credit performance to other persons, companies, and/or credit bureaus. The undersigned expressly agrees to make payment in full for all purchases in accordance with your invoice(s). Should the undersigned default in any such payment, undersigned agrees to pay late service charges at the maximum rate permitted by law. The undersigned further agrees to pay reasonable attorney's fees and all other costs and expenses incurred by you in the collection of any obligation of the undersigned pursuant hereto. This agreement shall become effective when accepted by your authorized representative. The undersigned shall not transfer or assign this agreement without the prior written consent of A Better Blind, Inc.

Authorized Signature Title Date



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Sales Tax Resale (Exemption) Certificate

If you are a Florida business and have a Sales Tax Resale Certificate, please provide us with a copy. We will keep it on file for future use.

Personal Guaranty

NOTICE: BY EXECUTING THIS GUARANTY, YOU BECOME LIABLE FOR THE OBLIGATIONS OF THE COMPANY/CUSTOMER NAMED ABOVE.

In consideration of credit by A Better Blind, Inc. or one of its subsidiaries ("ABB"), to "Customer," the undersigned hereby unconditionally guarantees payment of all amounts customer owes to ABB on account of goods sold and delivered to the customer, whether such indebtedness is in the form of notes, bills, open account or otherwise. This guaranty shall continue, notwithstanding any change in the form of such indebtedness, renewals, or extension granted by ABB without the necessity of obtaining any consent of the undersigned, until expressly revoked by written notice from the undersigned. Any such revocation shall not, in any manner, affect the liability of the undersigned as to indebtedness contracted by customer prior thereto. This guaranty extends to and includes any and all interest due or to become due together with attorney fees, costs, and expenses incurred by ABB in connection with any matter covered by this guaranty. The undersigned waives notice of acceptance of this guaranty by ABB and notice of default or non-payment. The undersigned agrees, in the event of any default by customer, ABB shall be entitled to proceed against the undersigned immediately for such payment without prior demand or notice. The undersigned further agrees to pay reasonable attorney fees at the trial or appellate levels and all other costs incurred by ABB in the enforcement of the guaranty. In the event of a default, all discounts given on an purchases become null and void. In the case of multiple guarantors, all liability of each such guarantor should be joint and several. Jurisdiction and venue for any litigation that arises regarding this guaranty for the underlying debt shall not be in the courts of Miami-Dade County, Florida.

ALL PARTIES AGREE THAT A FAXED COPY OF THIS PERSONAL GUARANTY IS THE SAME AS AN ORIGINAL.

Company Name Date

Guarantor Signature Print Name Print Title

Driver License Number Home Address

PLEASE READ THE FOLLOWING NOTICE REQUIRED BY THE FEDERAL EQUAL CREDIT OPPORTUNITY ACT (ECOA NOTICE)

The Federal Equal Credit Opportunity Act prohibits creditor from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided that all applicant has the capacity to enter into binding contracts) because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Prohibition Act. The Federal Agency that administers compliance with the law concerning this creditor is the Office of the Controller of the Currency, Consumer Affairs Division, Washington D.C. 20219