



The Porcelain Garden, Inc.  
 28 Hammond, Suite A  
 Irvine, CA 92618  
 949/380-0337  
 949/380-8119 Fax  
 www.theporcelaingarden.com  
 www.lithophanes.com

CONFIDENTIAL

**CREDIT APPLICATION**  
 PLEASE COMPLETE ENTIRE APPLICATION  
**DON'T FORGET YOUR SIGNATURE**  
**AT THE BOTTOM**  
 RETURN BY MAIL OR FAX

- ASAP ORDER PENDING
- APPROVE N30 FOR REORDER
- DATED ORDER PENDING
- REFERENCED RECEIVED

COMPANY NAME \_\_\_\_\_

NAME OF PARENT COMPANY IF SUBSIDIARY \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

YEAR ESTABLISHED \_\_\_\_\_ AT PRESENT LOCATION SINCE \_\_\_\_\_

TYPE OF ORGANIZATION: PLEASE CHECK AND COMPLETE ACCORDINGLY

CORPORATION: INCORPORATED UNDER LAWS OF WHICH STATE \_\_\_\_\_

FULL NAME OF OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

FULL NAME OF OFFICER \_\_\_\_\_ TITLE \_\_\_\_\_

PROPRIETORSHIP:

FULL NAME OF OWNER \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, & ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_

PARTNERSHIP:

FULL NAME OF PARTNER \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, & ZIP \_\_\_\_\_

FULL NAME OF PARTNER \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, & ZIP \_\_\_\_\_

BUYER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

BANK NAME \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BANK CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

**REFERENCES: PLEASE LIST ONLY COMPANIES YOU BUY FROM ON OPEN ACCOUNT. PLEASE FILL IN COMPLETELY.  
 IF YOU HAVE A PRE-PRINTED REFERENCE SHEET, YOU MAY ATTACH IT TO THIS PAGE.**

COMPANY NAME \_\_\_\_\_ ACC'T # \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ACC'T # \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ACC'T # \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ ACC'T # \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**TERMS: NET 30 DAYS FROM INVOICE DATE. NO SHIPMENTS ARE MADE AGAINST A PAST DUE ACCOUNT.** A FINANCE CHARGE OF 1.5% PER MONTH WILL BE CHARGED ON ALL PAST DUE ACCOUNTS. THIS IS AN ANNUAL RATE OF 18%. A \$20.00 FEE WILL BE CHARGED FOR EACH RETURNED CHECK. DEBTOR ACCEPTS CREDIT WITH THE UNDERSTANDING THAT ALL BILLS WILL BE PAID IN ACCORDANCE WITH OUR TERMS REGARDLESS OF WHERE, WHEN, OR HOW THE MATERIAL PURCHASED FROM US MAY BE USED. IT IS AGREED THAT PURCHASES MADE AND AMOUNTS DUE ARE PAYABLE TO THE PORCELAIN GARDEN, INC. IN THE EVENT COLLECTION IS MADE THROUGH AN ATTORNEY OR COLLECTION AGENCY, **REASONABLE ATTORNEY FEES AND ALL OTHER COSTS OF COLLECTION SHALL BE PAID BY THE DEBTOR.** IN RETURN OF EXTENSION OF CREDIT, I/WE AGREE TO BE BOUND BY THIS AGREEMENT.

**PLEASE SIGN BELOW-UNSIGNED APPLICATIONS WILL NOT BE PROCESSED**

DATE: \_\_\_\_\_ SIGNATURE AND ACCEPTANCE OF TERMS: \_\_\_\_\_