

CREDIT APPLICATION		
Stampede Presentation Products, Inc. 55 Woodridge Drive, Amherst New York 14228	Phone: 800-398-5652 Fax: 716-691-0854	www.stampede-global.com www.justlamps.net
Stampede Sales Rep:	Stampede Credit Rep:	Page 1 of 5

Just Lamps Ltd. is a division of Stampede Presentation Products, Inc. ("Stampede").

APPLICANT INFORMATION

Applicant Name:	
Business Name (if different):	
Business Type: (check one)	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: _____
Business Formation Date:	Day: _____ Month: _____ Year: _____
Address: Street	
Address: City, State, Zip	
Dun/Bradstreet # (if applicable)	
E-Mail:	
Phone:	
Fax:	

KEY CONTACTS

Accounts Payable	Name:	Phone:	Email:
Controller/VP Finance	Name:	Phone:	Email:
Sales Manager	Name:	Phone:	Email:
Purchasing Manager	Name:	Phone:	Email:

NAMES OF OWNER(S), OFFICER(S), PERSONS RESPONSIBLE FOR ACCOUNT

Name:	Title:	Home Address:	Direct Phone: Email:
Name:	Title:	Home Address:	Direct Phone: Email:
Name:	Title:	Home Address:	Direct Phone: Email:

INVOICING PREFERENCE

E-mail (provide up to 3 addresses)
 Regular mail (USPS)

Email 1:	Email 2:	Email 3:
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PAYMENT TERMS REQUESTED

*Check one

Credit Card (Complete Section A)
 Open - Net 30 (Complete Section B)
 Prepaid

SECTION A

Credit Card Information		
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <small>*An Alternate Payment Fee will be added to each order: 2% for Visa/MasterCard, and 3% for American Express.</small>	Card #:	Expiration Date: _____/_____/_____
Name As it Appears on Card:	CCID/CCV: <small>*The 3-4 digit number located on the back of your credit card, or near your signature panel.</small>	
Billing Address - Street:	City:	State/Zip:
I hereby authorize Stampede Presentation Products, Inc. to charge purchases of Product to the above credit card. This authorization will remain in effect until written notice of cancellation is received by Stampede.		
Name (print):	Signature:	Date:

SECTION B

Net 30 Credit Limit Requested: \$ _____ **Application will not be processed if left blank.**			
Suppliers/Trade References (Related industry purchases during past 12 months)			
1. Name:	Account #:	Phone:	Email:
		Fax:	
2. Name:	Account #:	Phone:	Email:
		Fax:	
3. Name:	Account #:	Phone:	Email:
		Fax:	
Bank References			
1. Bank Name:	Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Other	
Contact:			
Address: Street	City/State/Zip:	Phone:	
		Fax:	
2. Bank Name:	Account #:	<input type="checkbox"/> Checking <input type="checkbox"/> Other	
Contact:			
Address: Street	City/State/Zip:	Phone:	
		Fax:	



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TERMS AND CONDITIONS

THE INFORMATION REQUESTED ON THIS APPLICATION IS FOR THE PURPOSE OF OBTAINING CREDIT ACCOUNT PRIVILEGES FROM STAMPEDE PRESENTATION PRODUCTS, INC. ("STAMPEDE"). APPLICANT, AND ANY SPECIFIED GUARANTORS, FOR THEMSELVES AND THEIR OFFICERS AND/OR MEMBERS, AUTHORIZE STAMPEDE TO CONDUCT ANY INVESTIGATIONS DEEMED NECESSARY TO AUTHORIZE OPENINGS OR CONTINUATION OF THE ACCOUNT, INCLUDING CREDIT INVESTIGATIONS OF THE APPLICANT, GUARANTORS, OFFICERS AND/OR MEMBERS OR PARTNERS OF THE APPLICANT.

Terms of Sale, including price, terms of payment, and charges for each purchase are agreed to be those specified on the face of each invoice. The above information is willingly supplied and Stampede is authorized to contact the above bank and trade references in order to establish the creditworthiness of the above named applicant ("Applicant"). If Applicant is not a corporation, or is a newly formed corporation or under new management, then Stampede is authorized to obtain credit reports for proprietors, partners and/or principles. Should credit availability be granted by Stampede, all decisions with the respect to the extension or continuation shall be in the sole discretion of Stampede. Stampede may terminate any credit availability within its sole discretion. **Applicant acknowledges and agrees that if payment for the Product ordered remains outstanding past the due date, or should Applicant not make payment pursuant to Stampede's terms and conditions, interest shall be charged at the rate of one and one-half percent (1.5%) per month until all monies due have been paid. In the event that any suit or action is instituted to collect monies due on Applicant's account, whether principal, interest, or both, Applicant agrees to pay, in addition to the amount owed, all costs of collection, including reasonable attorneys' fees, in an amount equal to twenty-five percent (25%) of the principal balance.** Any legal proceedings may be commenced in the State of New York, County of Erie, and the undersigned waives any right to a trial by jury. Any disputes to any charges must be received in writing within five (5) business days of receipt of invoice.

By my signature below, I hereby acknowledge that I have read and understand the above conditions, and agree to be bound by them.	
Authorized Signatory Name*: (printed)	Title:
Signature:	Date:

** Must be signed by an officer of corporation or owner for application to be processed.*

**** CURRENT YEAR-END FINANCIAL STATEMENTS ARE REQUIRED FOR NET TERMS ****

Financial statements must include a balance sheet and income statement. Unaudited financial statements must be signed and dated by the Company's Owner/Officer. The statement's time period must be indicated.



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GUARANTY AGREEMENT*

***REQUIRED UNLESS OTHERWISE ADVISED**

In consideration of the sale of Product by Stampede Presentation Products, Inc., and each and every one of its Affiliates and Members (collectively "Stampede"), to the Applicant, the undersigned (each a "Guarantor"), jointly and severally (if more than one), hereby absolutely and unconditionally guarantees to Stampede the prompt payment of any and all obligations incurred by Applicant pursuant to this Personal Guaranty (the "Guaranty"), including, but not limited to, any existing or future indebtedness which the Applicant owes to Stampede in any manner whatsoever, without limitation as to amount (the "Debt"). This Guaranty shall be a continuing Guaranty independent of, and in addition to, any other security, collateral or guaranty held by Stampede, and shall not be impaired by any neglect, failure or omission to realize upon any extension of credit in excess of the initial credit limit or by renewal, modification, compromise or discharge of the Debt, or any part thereof, with any party obligated on the Debt. The liability of the Guarantor(s) shall be direct, immediate and absolute and not be conditional or contingent upon the pursuit or prosecution by Stampede of any other remedy or remedies whatsoever, and Stampede shall have against the Guarantor(s) any and all rights and remedies it might have against the Applicant. The Guarantor(s) consent(s) to Stampede obtaining a consumer credit report of the Guarantor(s) for the purpose of evaluating the creditworthiness of Applicant in connection with an application for business credit.

GUARANTOR 1

By my signature below, I hereby acknowledge that I have read and understand the above conditions, and agree to be bound by them.		
Guarantor Name: (printed)	Signature:	
Home Address: Street	City/State/Zip:	Date Signed:
Social Security Number:	Date of Birth:	Driver's License #:
Witness Name: (printed)	Signature:	

GUARANTOR 2

By my signature below, I hereby acknowledge that I have read and understand the above conditions, and agree to be bound by them.		
Guarantor Name: (printed)	Signature:	
Home Address: Street	City/State/Zip:	Date Signed:
Social Security Number:	Date of Birth:	Driver's License #:
Witness Name: (printed)	Signature:	

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RESALE CERTIFICATE

PLEASE USE THIS FORM IF YOUR HOME STATE DOES NOT ISSUE RESALE CERTIFICATES. OTHERWISE, SUBMIT YOUR HOME STATE RESALE CERTIFICATE. CERTIFICATE MUST BE FILLED OUT COMPLETELY.

I, the undersigned, hereby certify that I am engaged in the business of (indicate nature of business) _____ . I intend that the tangible personal property is for resale in its present form, or as a compound part of tangible personal property; or the tangible personal property is for use in performing taxable services where such property becomes a component part of the tangible personal property upon which the services are performed, or will be actually transferred to the purchaser of the service in conjunction with the performance of the service. I understand that this certificate may not be used to purchase items or services which are not for resale. I acknowledge and agree that I will pay the use tax on tangible personal property or services purchased pursuant to this certificate, and subsequently used or consumed in a taxable manner, and that any erroneous or false use of this certificate will subject me to payment of tax, plus penalties and interest.

By my signature below, I hereby acknowledge that I have read and understand the above conditions, and agree to be bound by them.		
Name:	Signature:	
Title:	Date Signed:	Email:
Name of Company:	Seller's Certificate Number:	
Address: Street	City/State/Zip:	Phone: Fax:

If goods are shipping into the following states, a resale certificate with a valid number from that state must be provided, or the goods must be shipped to the state where a resale certificate is provided.

Connecticut: State of Connecticut Sales and Use Tax Resale Certificate	Massachusetts: Form ST-4 Sales Tax Resale Certificate
California: Form BOE-230, California Resale Certificate	New York: Form ST-120, Part 1 (for those with a NY registration); Form ST-120, Part 2 (for those registered out of state)
Florida: Florida state issued annual resale certificate	Tennessee: Tennessee Sales and Use Tax, Blanket Certificate of Resale
Mississippi: A resale certificate with a valid Mississippi sales tax number on the certificate	Multijurisdictional form with valid resale numbers are also accepted.