Katie Hopkins



3550 Jurupa Street, Unit B Ontario, CA 91761 Bus (909) 212-5555 Fax (909) 212-5550

Open Account Agreement & Credit Application

Please Fill Out The Following Information

| Cardholder/Company Name: | | |
|---|--|--|
| Name Shown On The Card: | | |
| Address: | | |
| | | |
| Phone Number: | | |
| Credit Card#: | | |
| Visa: Master: Discover: | | |
| Exp. Date: | | |
| Visa, MC, or Discover ID Number (3 digits on the back) : | | |
| Card Billing Address (if different from your company address) : | | |
| | | |

Open Charge Amount Limit (to be completed by Golden Designs, Inc.: ____

Until and unless credit terms are granted by Golden Designs Inc. under the TERMS AND CONDITIONS of this Agreement, I hereby authorize Golden Designs Inc. to charge the listed credit card above per open invoice(s) unless payment is previously received by check for amounts due Golden Designs Inc. I further authorize Golden Designs Inc. to charge the credit card for any amounts more than 15 days overdue under the terms of this Open Account Agreement. I authorize Golden Designs Inc., in the event Credit Terms are not established (for any reason), to charge the listed credit card unless I pay COD with a check for any open invoices. Any refunds on return items authorized by Golden Designs, Inc. will not be issued until the item is shipped back to Golden Designs Inc. and received in "NEW" condition in the original packaging at your expense less a 20% restocking charge. The undersigned Authorizing Officer has read and fully understood the above and does hereby accept all terms and conditions. Furthermore, the undersigned Authorizing Officer understands that this is an Open Credit Card Account and will be charged for open and outstanding invoices. The above terms shall be binding.

| Card Authorized Signature: | |
|----------------------------|--|
| Printed Name: | |

Date:

