

India Handicrafts Inc.
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:			
Owners name:		Title:	
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:		Federal Tax ID:	
Sole proprietorship:	Partnership:	Corporation:	SSN:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number	Avg. Monthly Balance	
Savings			
Checking			
Business Loans			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

APPLICANT(S) CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND IS GIVEN TO INDUCE INDIA HANDICRAFTS, INC. (IHI) TO EXTEND CREDIT TO APPLICANT(S). BY SIGNING THIS APPLICATION, APPLICANT(S) SPECIFICALLY AUTHORIZES AND AGREES TO ALLOW IHI OR ITS AGENT(S) TO INVESTIGATE APPLICANT(S) BACKGROUND INCLUDING CREDIT CHECK, BANK RECORD CHECK AND TRADE REFERENCES CHECK. APPLICANT(S) AUTHORIZES ALL BANKS, TRADE REFERENCES AND/OR CREDIT BUREAUS TO RELEASE ANY AND ALL INFORMATION REGARDING THE FINANCIAL AND CREDIT HISTORY OF APPLICANT(S) AND APPLICANT(S) BUSINESS TO IHI. APPLICANT(S) UNDERSTANDS AND AGREES THAT INVOICE DISCREPANCIES MUST BE REPORTED AND RESOLVED TO/WITH IHI WITHIN 30 DAYS OF INVOICE DATE. APPLICANT(S) WAIVES ANY INVOICE DISCREPANCY NOT REPORTED WITHIN 30 DAYS. APPLICANT UNDERSTANDS AND AGREES TO PAY EACH INVOICE WITHIN 30 DAYS. IF ANY ACCOUNT BALANCE REMAINS UNPAID AFTER 30 DAYS, APPLICANT AGREES TO PAY INTEREST ON THE UNPAID BALANCE IN THE AMOUNT OF 1.5% PER MONTH AND AGREES TO PAY ALL COSTS OF COLLECTION ON ANY UNPAID ACCOUNT INCLUDING ALL COSTS OF COLLECTION AND ATTORNEY FEES.

SIGNATURES

Signature Print Name: Title: Date:	Signature Print Name: Title: Date:
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