



(NEW ACCOUNT FORM) CREDIT APPLICATION

MAILING ADDRESS (404 SE 15th Street Ft. Lauderdale, FL 33316

CONTACT (Telephone 954.524.3658 Toll Free 877.900.DUBS (3827) Facsimile 954.522.1905

INTERNET (info@thedubhouse.net www.thedubhouse.net

Business Name: _____ Date: _____

Contact: _____ Phone: _____

E-mail: _____ Fax: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Corporation Partnership Sole Proprietor Government Agency Other

TAX STATUS Non Exempt Exempt - Certificated Required FL Resale Tax #: _____

In Business Since: _____ Type of Business: _____

COMPANY OFFICERS

Name: _____ Title: _____

Name: _____ Title: _____

Fiscal Year Ends: _____ Financial Statement Attached DUNS #: _____

Federal I.D./S.S. #: _____

Amount of Credit Requested: _____

BANKING

Name of Bank: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Office Manager handling Account: _____

Phone: _____ Fax: _____

Account #1: _____ Account #2: _____

TRADE REFERENCES

1. Company Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

2. Company Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

3. Company Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

TERMS: If credit is approved, we will comply with your terms of payment. It is also acknowledged that any payments not received within the agreed period may result in a Credit Hold upon the account, and possible termination of extended credit. It is further acknowledged that all expenses incurred in collecting amounts owed US Gateway dba, The Dub House, including reasonable attorney's fees, will be the customer's responsibility. Is it agreed that venue in any legal action shall be in Broward County, Florida.

The undersigned authorizes inquiry as to credit information:

Officers Signature: _____ Date: _____

Officers Signature: _____ Date: _____