



1785 Coits Pond Road • Cabot VT 05647 • Tel. 802.563.2961 • Fax. 802.563.2174 • Credit@Zutano.com

AGENCY AFFILIATIONS

ACCOUNT# \_\_\_\_\_

\_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

TERMS \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

Company Name _____	DBA _____
Address _____	
Tel. (____) _____	Fax. (____) _____
Email _____	

Type Of Business  
 \_\_\_\_\_ Proprietorship    \_\_\_\_\_ Partnership    \_\_\_\_\_ Corporation    \_\_\_\_\_ LLC    \_\_\_\_\_ Individual

Federal Tax ID# (Corp.) or SSN \_\_\_\_\_

NAME/HOME ADDRESS/HOMEPHONE OF PROPRIETOR/PARTNERS/CORPRATE OFFICERS:

Name \_\_\_\_\_ Home Address \_\_\_\_\_

Home Tel. (\_\_\_\_) \_\_\_\_\_

Social Security# \_\_\_\_\_

% of Ownership \_\_\_\_\_ Spouse's Name \_\_\_\_\_

COMPANY IN BUSINESS SINCE:	AT THIS LOCATION SINCE: _____ OWN    _____ RENT	NO. OF EMPLOYEES	
		HERE	TOTAL

TOTAL SALES PER YEAR \$ \_\_\_\_\_

**TRADE REFERENCES**

1. \_\_\_\_\_ Tel. \_\_\_\_\_ Fax. \_\_\_\_\_

2. \_\_\_\_\_ Tel. \_\_\_\_\_ Fax. \_\_\_\_\_

3. \_\_\_\_\_ Tel. \_\_\_\_\_ Fax. \_\_\_\_\_

4. \_\_\_\_\_ Tel. \_\_\_\_\_ Fax. \_\_\_\_\_

**BUSINESS FINANCE**

Bank Name \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No. \_\_\_\_\_ Acct. Rep. \_\_\_\_\_

**PERSONAL FINANCE**

Bank Name \_\_\_\_\_ Tel. \_\_\_\_\_ Fax \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account No. \_\_\_\_\_ Acct. Rep. \_\_\_\_\_

I hereby authorize all references listed, including banks, to release any and all information pertaining to my account. I understand and agree to Zutano Inc.'s wholesale terms and conditions. I hereby attest to financial responsibility, ability and agreement to pay invoices in accordance with the terms of sale. I personally guarantee the payments of all debts due Zutano Inc. I agree to pay any and all legal fees as well as interest accrued if necessary to collect. I understand interest will be accrued on overdue balances at the rate of 1.5 percent per month and the amount of such interest shall be added to the balance due.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Print \_\_\_\_\_

Date \_\_\_\_\_ Signed \_\_\_\_\_ Print \_\_\_\_\_



**WHOLESALE TERMS AND CONDITIONS**

APPLICANT AGREES THAT EXTENSION OF CREDIT BY SELLER SHALL BE SUBJECT TO AND IN CONSIDERATION OF THE FOLOWING TERMS AND CONDITIONS:

Credit terms are Net 30 days from the invoice date and payments of all accounts due, as evidenced by the account, shall be indicated on the invoice.

Accounts may be requested to provide a credit card backup to be approved for credit terms OR to continue with credit terms. Customer that have a credit card backup on file may have the credit card debited in the amount of any past due balance 45 days or later. Customers will be notified of the past due amount and the charge being made to their credit card prior to charging.

Zutano reserves the right to apply a 1 1/2% fee to any invoice over 45 days. Customers with past due accounts may lose credit terms and be placed on "Credit Hold" until payment is made and the past due balance is paid in full.

A bounced check will result in a \$15.00 service charge being added to the invoice amount and must be paid by certified check or credit card. No orders will be released until full payment has been received for the returned check. A second bounced check may result in the customer terms being changed to pre-pay by certified check, money order, or credit card only, for all future orders.

Should it be necessary to assign the account balance to a licensed collection agency or attorney for legal action, the applicant shall pay all subsequent collection charges and legal fees.

Applicant agrees that in any legal action brought to enforce the terms of this agreement, jurisdiction and venue shall be proper in Washington County, Vermont.

Applicant understands that seller, Zutano, will make their investigation and authorize applicant's bank to release information as desired by the seller.

A waiver of any terms herein shall neither be construed as a continued waiver, nor as a modification. The terms herein may not be modified.

I authorize all references listed, including banks, to release any and all information pertaining to my account. I hereby attest to financial responsibility, ability and agreement to pay invoices in accordance with the terms of sale. I personally guarantee the payments of all debts due Zutano Inc.

I understand and agree to Zutano Inc.'s wholesale terms and conditions.

The undersigned agrees that all credit extended shall be deemed subject to the terms herein agreed to:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your recent order of **Zutano**<sup>INC.</sup> Children's Clothing!

In order for us to process your order(s) we **must** receive the prepayment information as noted below.

For your convenience, we accept Visa, MasterCard, Discover and American Express.

**Your credit card will only be charged at the time of shipping.**

Please complete this form and fax to 1-802-563-2174 as soon as possible

Store Name_____
Order Number(s)_____
Email_____ Phone #_____
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other
Card # _____ Exp. _____
Card Holder_____
Billing Address_____

I authorize Zutano, Inc. to charge my credit card, at the time of shipping, for the order(s) listed above and to also include the cost for shipping and handling. (About 3%)

Signature\_\_\_\_\_

To expedite future orders please check this box to allow this credit card to remain on file with your permission to charge for future orders.

Signature\_\_\_\_\_

If you prefer to pay by money order, cashier's check or company check\*, please mail your prepayment to:

Zutano, Inc.  
1785 Coits Pond Road  
Cabot, Vermont 05647

\*Please note that company checks take approximately three weeks to clear and post to your account

If you have further questions, please email [credit@zutano.com](mailto:credit@zutano.com) or call 1-800-287-5139 Ext.129

Warm regards,  
Zutano Credit Department



Thank you for your business with Zutano! To pay an invoice by credit card, please fill out this form and send it to:

Zutano, Inc.  
1785 Coits Pond Road  
Cabot, Vermont 05647

[credit@zutano.com](mailto:credit@zutano.com) or fax: 802-563-2174

Store Name_____
Invoice Number(s)_____
Email_____ Phone #_____
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other
Card # _____ Exp. _____
Card Holder_____
Billing Address_____

I authorize Zutano, Inc. to charge my credit card for the invoice(s) listed above.

Signature\_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

To have your terms updated to Net30-Auto Charge for future orders please check this box to allow this credit card to remain on file with your permission to charge invoices at 30 days old.

Signature\_\_\_\_\_