



ELDORADO CREDIT APPLICATION / AGREEMENT

2325 W. MIDWAY BLVD BROOMFIELD CO 80020

303-444-4622 800-525-0848

303-444-0696 Sales Fax, 303-438-0064 Office Fax

COMPANY INFORMATION:

Legal Business Name: _____ Date Established: _____

Operating As: _____

Type of Business: Corporation Partnership Limited Liability Company Sole Proprietor Other: _____

Federal ID Number: _____ Sales Tax Number: _____

Terms Requested: _____ COD Business Check _____ Net 30 Anticipated Monthly purchases \$ _____

Style of Business: Internet Brick and Mortar Distributor Lingerie Adult Book Adult Novelty
 Gift Basket Other Home Party Chain

OFFICERS, DIRECTORS OR OWNERS:

Officer(s)/Owner(s)

1. Name: _____ Home Phone _____

2. Name: _____ Home Phone _____

BILL TO:

Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____ Website: http:// _____

Phone No: _____ Fax No: _____ Email: _____

A/P Contact Name: _____ Phone No: _____ Email: _____

Number of stores _____ Complete page 3 with additional locations covered by this application. Please note if the billing address is not the one listed above. A separate application is needed for each **CORPORATION**.

SHIP TO:

Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ Fax No: _____ Email: _____

TRADE REFERENCES:

1. Company Name _____ Phone Number _____

Address _____ Fax Number _____

City _____ State _____ Zip _____ Account No. _____

Number of years done business with this company: _____ Products Purchased _____

2. Company Name _____ Phone Number _____

Address _____ Fax Number _____

City _____ State _____ Zip _____ Account No. _____

Number of years done business with this company: _____ Products Purchased _____

3. Company Name _____ Phone Number _____

Address _____ Fax Number _____

City _____ State _____ Zip _____ Account No. _____

Number of years done business with this company: _____ Products Purchased _____

BANK REFERENCE:

Bank Name: _____ Phone Number _____

Address: _____ Fax Number _____

City: _____ State: _____ Zip: _____

Account Officer: _____

Checking Account No. _____ Savings Account No. _____

AUTHORIZATION AND ACKNOWLEDGMENT

By signing this Credit Application/Agreement, the undersigned represents and warrants to Eldorado Trading Company II, Inc. that: 1) he/she is authorized to execute this Application on behalf of buyer; 2) the information set forth in this Application is accurate and complete; 3) buyer agrees that the prevailing party in any proceeding to enforce the Personal Guarantee, or to resolve a dispute with Eldorado Trading Company II, Inc. will be entitled to recover its costs, including reasonable attorneys' fees, from the other party; and 4) any legal action brought between the parties will be governed by the laws of the State of Colorado.

The undersigned further acknowledges and agrees to pay all charges on the account including, but not limited to, all attorney or collection fees incurred by Eldorado Trading Company II, Inc. in collecting delinquent payments, unpaid checks and a 1 1/2 percent monthly finance charge on all past due bills. If terms are approved, I/we understand that all invoices are due from the invoice date.

The undersigned hereby authorizes all companies and banks furnished as credit references to release the information requested by Eldorado Trading Company II, Inc.

Company Name: _____

Authorized Signature: _____ **Date:** _____

Signatory Name (pls. print): _____ **Title:** _____

PERSONAL GUARANTEE

In order to induce Eldorado Trading Company II, Inc. to extend credit to the buyer, the undersigned hereby personally guarantees payment of the account and of each and every invoice rendered to the buyer by Eldorado Trading Company II, Inc., and further agrees to be personally liable for failure of the performance by buyer of, any and all of buyers' obligations with Eldorado Trading Company II, Inc., including timely payment of any and all sums due to Eldorado Trading Company II, Inc. The personal guarantee also applies in the event that the Buyer declares Bankruptcy or applies for Bankruptcy protection.

Signature: _____ **Date** _____

Guarantor's Name (pls. print): _____

Home Address: _____ **City/State** _____ **Zip** _____

Social Security Number _____

CHECKLIST FOR ALL NEW CREDIT APPLICATIONS

- Application** – Completed and Signed
- Photo ID** – Copy of current Passport or driver's license of individual signing application

IMPORTANT INFORMATION

NSF check will cause your account to be placed on a secured funds only status. There is a \$25.00 charge each time the check is returned unpaid.

Please pay promptly. Delinquent accounts could incur a minimum of 25-50% fees for collection/legal agency involvement, in addition to the monthly finance charge already assessed.

ADDITIONAL LOCATIONS COVERED BY THIS APPLICATION:

SHIP TO:

Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ Fax No: _____ Email: _____

SHIP TO:

Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ Fax No: _____ Email: _____

SHIP TO:

Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ Fax No: _____ Email: _____

SHIP TO:

Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ Fax No: _____ Email: _____

SHIP TO:

Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ Fax No: _____ Email: _____

SHIP TO:

Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ Fax No: _____ Email: _____

SHIP TO:

Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Phone No: _____ Fax No: _____ Email: _____