



BY
TEE TOP OF CALIFORNIA INC.
 11801 Goldring Road, Arcadia, CA 91006
 TEL: 800-363-6308 626-301-8788
 TOLL FREE FAX: 877-338-1176 LOCAL: 626-301-8799
 WEB: www.procelebrity.com
 E-MAIL: customerservice@procelebrity.com

CREDIT APPLICATION

COPY OF COMPANY LETTERHEAD

COPY OF RESALE CERTIFICATE

CREDIT REFERENCE

DATE:

BILL TO:

DBA:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TEL:

ASI #:

RESALE #:

SHIP TO:

ADDRESS:

ATTN:

TITLE:

CITY:

STATE:

ZIP CODE:

TEL:

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

BUYER/CONTACT:

EMPLOYMENT PRIOR TO OPENING BUSINESS:

HOW LONG HAS BUSINESS BEEN ESTABLISHED: YEARS

NATURE OF BUSINESS:

STARTING CAPITAL:

HOW WAS CAPITAL FINANCED:

PAYMENT SCHEDULE OF ANY LOANS OR LINES OF CREDIT:

ARE ANY OF THE ASSEST PLEDGED? IF SO, EXPLAIN:

BUSINESS BANK REFERENCE:

NAME:

ACCT #:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TEL:

TRADE REFERENCE:

(1) NAME:

ACCT #:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TEL:

(2) NAME:

ACCT #:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TEL:

(3) NAME:

ACCT #:

ADDRESS:

CITY:

STATE:

ZIP CODE:

TEL:

APPLICANT'S SIGNATURE:

DATE:



BY
TEE TOP OF CALIFORNIA, INC.
11801 GOLDRING ROAD, ARCADIA, CA 91006

TEL:626-301-8788
FAX:626-301-8789
TOLL FREE TEL:800-368-6308
TOLL FREE FAX:877-338-1176

ATTN: NEW ACCOUNT

CONFIDENTIAL CUSTOMER CREDIT CARD INFORMATION

PLEASE SIGN, DATE AND RETURN THIS FORM TO US.

BUSINESS INFORMATION

CUST NO.
BUS NAME
BUS ADD

CITY/ST/ZIP
TEL/FAX

BILLING INFORMATION

SAME AS BUSINESS INFORMATION
CARD OWNER
BILLING ADD

CITY/ST/ZIP
BILLING TEL

PLEASE ATTACH A LEGIBLE COPY OR IMPRINT OF THE CREDIT CARD WITH THIS FORM.
AMERICAN EXPRESS, VISA AND MASTER CARD ONLY. PLEASE COPY BOTH SIDES OF YOUR CARD
AND FAX BACK TO (877)338-1176.

DEBIT CARD CREDIT CARD

ISSUING BANK: _____
CARD NUMBER: _____
EXPIRATION DATE: _____

TO TEE TOP OF CALIFORNIA, INC.:

BY SIGNING THIS FORM, I ACKNOWLEDGE THE 2% HANDLING CHARGE FOR CREDIT CARD USE. TEE TOP OF CALIFORNIA, INC. IS HEREBY AUTHORIZED TO ACCEPT TELEPHONE ORDERS FROM OUR BUSINESS, AND CHARGE THE COST OF SUCH ORDERS TO MY CREDIT CARD ACCOUNT. THE 2% HANDLING CHARGE WILL BE ADDED TO THE INVOICE AMOUNT. FURTHER, I UNDERSTAND THAT ALL REFUND REQUESTS MUST MEET TEE TOP OF CALIFORNIA, INC. RETURN POLICY. I ALSO UNDERSTAND THAT I SHALL BE FULLY RESPONSIBLE FOR ANY OBLIGATION FOR PAYMENT OF ANY CHARGES DUE AND OWING TO TEE TOP OF CALIFORNIA, INC.

THIS AUTHORIZATION SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA, AND ALL OBLIGATIONS OF THE PARTIES CREATED HEREUNDER ARE CONFORMABLE WITH ARCADIA, LOS ANGELES COUNTY, CALIFORNIA. IN THE EVENT THAT LITIGATION IS COMMENCED TO ENFORCE ANY OF THE TERMS OF THIS AGREEMENT, TEE TOP OF CALIFORNIA, INC. SHALL BE ENTITLED TO ITS COSTS THEREOF, INCLUDING REASONABLE ATTORNEY'S FEES.

CARD OWNER SIGNATURE: _____

DATE: _____