

Simply Savvy Aprons™

Bank Reference

Bank Name

Account #

Date

Company Address

Phone

Fax

Please list three business references

Company

Address

Number

Account #

Company

Address

Number

Account #

Company

Address

Number

Account #

In applying for open account privileges, I am aware of the following and agree to these terms

1. I/We hereby accept responsibility of invoices being paid within the stated terms, should litigation be necessary to collect such invoices, court costs and attorney fees will be recovered by the prevailing party. The place of performance of this agreement shall be considered by the parties here to be Los Angeles, California.
2. Interest will be added at the rate of 1 1/2% per month (18% per annum) on past due amounts.
3. \$30.00 will be charged for any checks returned by bank.
4. Shortage/Damaged claims are to be made within 10 days from receipt of merchandise. Returns must be pre-authorized and are subject to a 15% restocking fee.
5. Buyer is responsible for all shipping costs.

Print (Owner/Buyer) _____

Sign (Owner/Buyer) _____

_____ Date

Simply Savvy Aprons

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