pedors247.com Fulfilled & Billed By Burten Distribution & Ruby Leather

Fax: 800 446 3101 Tel :800 750 6729 Email info@pedors247.com

1. Company Information								
Full Legal Name/Business Entity				Phone #			Fax #	
Doing Business As (DBA)								
Billing Address				City		State		Zip
Company Type: Proprietorship Partnership	□ Franchise	Corp	oration	Other	:			
No. of Employees		siness Est				Annual Sales		Type of Business
Federal Tax ID (If Incorporated)	State of Incorporation					DUNS# (if known)		
E-Mail Address of Main Contact	Email To	o Be Used	For Online	Log-in		Website:		
2. Owner Information								
Full Name (including middle initial)			Title			Social Security #		
Home Address			City		State	Zip	Phone #	
^{ste} 3. Bank Reference								
Bank Name		Account	Number			Contact		
Address			City		State	Zip	Phone #	
4. Trade Credit References								
Company Name						Contact		
Address	City	State	Zip		Phone#		Fax#	
Company Name						Contact		
Address	City	State	Zip		Phone#		Fax#	
5. Credit Card Information								
Name on Card	Card Number				Expiratio	n Date	Security (Code

All companies must secure their account with a credit card. This card will be billed for your first order to validate the accuracy of provided information. Subsequent orders, if credit is granted, may be paid from the monthly statement or you may elect to pay via credit card as each order ships or at the end of every month. If an account falls out of terms the card on file will be charged to settle your account. By signing below you accept these terms and conditions to establish your account with net 30 day terms. We will ensure that your application is processed as quickly as possible. If you do not hear from us within 3 business days, please call 1-800-750-6729.

City

State

Zip

We hereby apply for credit from pedors247.com (and affiliates Burten Distribution & Ruby Leather) and affirm financial responsibility, ability and willingness to pay invoices in accordance with published terms. The above information is warranted to be true and complete. We hereby authorize you to verify and collect information on us, including but not limited to bank references, trade credit references, consumer and/or commercial credit reports. We agree to pay a monthly finance charge of the maximum applicable state rate on all past due balances. We agree to pay all costs of collection and litigation on this account in accordance with the laws of the Creditor's State of Incorporation. We agree that all decisions with respect to the extension or continuation of credit shall be in the sole discretion of the Creditor.

Authorized Signature/Title: Printed Name

Billing Address

Date:

Phone #

© OMI Corporation. Pedors Shoes 3595 Canton Rd Suite 312-316, Marietta GA 30066 • Tel: 800 750 6729 Fax: 800 446 3101