

Vendor Name: _____ Contact: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____

Vendor Name: _____ Contact: _____

Address: _____ City, State, Zip: _____

Telephone: _____ Fax: _____

I (we) promise to pay my (our) account in full within 30 days after receipt of goods and/or services or as specified in terms and conditions of a separate written contract. If this account is not paid as agreed, a delinquency charge shall be computed at the rate of 1.5% per month (18% APR) on the unpaid balance. **Accounts that become past due in excess of 1 day will be placed on 'Credit Hold' and future shipments will not be released until account is brought current.** In the event that it becomes necessary to assign the account for collection, I (we) agree to pay all collection costs and/or if legal action (or appeal) is required, I (we) agree to pay reasonable attorney fees and costs that are incurred. If suit is brought, venue may be laid in the county and state of the creditor's choice. As principal of _____, I authorize and request my personal and company creditors and business references to provide information to The Original Footwear Company required in conjunction with this application. I (we) have read the terms and conditions and agree to abide by them and certify that the information given above is complete and accurate.

I hereby authorize the above referenced bank and accounts to release information to The Original Footwear Company.

SIGNED: _____ TITLE: _____ DATE: _____