

Creative Treatments Inc.

P.O BOX 106

Worton MD 21678

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E-Mail DONNA@CreativeTreatmentsLLC.COM

Date ___/___/___ Tax ID or SS # _____ Date Established ___/___/___ Resale # _____

Business Type: Interior Design ___ Show Room ___ Work Room ___ Retail Store ___ Installation ___ Other ___

Business Name _____ Address _____

City _____ State _____ Zip Code _____ E-Mail _____

Phone _____ Fax _____ Cell _____

Contact #1 _____ Contact #2 _____

ALL ACCOUNTS MUST MAINTAIN AN ACTIVE CREDIT CARD ON FILE

___ VISA ___ MASTERCARD ___ DISCOVER NAME ON CARD _____

ADDRESS FOR CARDHOLDER _____

CARD # _____ EXPIRATION DATE _____

___ I prefer to pay by credit card, please charge my credit card on invoice date.

___ I prefer to pay by credit card, please charge my credit card 30 days from date of invoice.

___ I prefer to pay by check and will forward my check to reach Creative Treatments, Inc. on or before the 30th day from date of invoice. Payments that are not received on or before the 30th day from date of invoice will automatically be charged to the credit card on file.

I prefer that invoices be forwarded via ___ Fax ___ E-Mail or ___ U.S. Mail.

All purchases are net 30 days. ALL ACCOUNTS MUST MAINTAIN AN ACTIVE CREDIT CARD ON FILE. Payments will be expected to be paid via the choice indicated above; payments that are not received on or before the 30th day from date of invoice or credit card payments that are declined will be subject to a LATE FEE OF 2% PER MONTH (24% PER ANNUM). NO RETURNS WITHOUT PRIOR APPROVAL. A 30% RESTOCKING CHARGE ON ALL RETURNED MERCHANDISE PROVIDING IT IS IN SALEABLE CONDITION. NO RETURNS ON CUT YARDAGE, CUSTOM COLORS, CUT POLES.

Purchaser agrees to the above conditions of sale and account terms and in consideration should any indebtedness not be paid in accordance with the terms of this agreement the undersigned agrees personally and for the business be it a sole proprietorship, corporation or LLC the undersigned agrees to pay all cost of collection including attorney's fees, whether suit be brought or not, in accordance with the laws and courts of Kent County and the state of Maryland. By signing this agreement I agree to all terms and conditions.

Signature _____ Print Name _____ Date ___/___/___

*Trims ♦ (Hardware, Brass, Wood, Wrought Iron)
Visa, Discover & Master Credit Cards Accepted
To The Trade Only.*