



NEW CUSTOMER FORM

Please fill out below information email to: acctsrec@escante.net or fax back to (210)681-8566. If you have any questions please call toll free (800) 888-1321.

COMPANY INFORMATION (Bill To)

A COPY OF YOUR BUSINESS LICENSE OR CERTIFICATE IS REQUIRED.

Business: _____	Owner/Buyer: _____ <small>Please Circle</small> If Joint 2 nd : _____
Address: _____	SSN: _____
Address: _____	Phone: _____
City/State/Zip: _____	Fax: _____
Email Address: _____	Tax ID #: _____
Type of Business: Individual ____ Corporation ____ Partnership ____ Other _____	
Name of Rep: _____	

ACCOUNT REQUEST TERMS: PRE-PAY CREDIT CARD C.O.D

Prepay: <input type="checkbox"/> Prepay by Bank Wire: _____	Prepay by Check/Money Order: _____
Credit Card: <input type="checkbox"/> CC #: _____	Exp. Date: _____
Name on Card: _____ Personal: <input type="radio"/> Business: <input type="radio"/>	
Billing Address: _____	
COD: <input type="radio"/> COD Company Check:	<input type="radio"/> COD Money Order:

If apply for Net 30 terms please provide the following information:

Net 30: <input type="checkbox"/>	Credit Limit Requested: \$ _____		
TRADE REFERENCES (Required for Net 30 Terms)			
Name: _____	Acct #: _____	Phone: _____	F: _____
Name: _____	Acct #: _____	Phone: _____	F: _____
Name: _____	Acct #: _____	Phone: _____	F: _____

BANK REFERENCE (Required for Company Check and Net 30 Terms)

Bank Name: _____

Account Number: _____

Phone: _____ Fax: _____

Please read the below information, sign and date then return to Escante, Inc.

I, (We) understand that the information furnished to you on these pages (2) is for purposes of obtaining terms applied for, as states above, from you firm. I am authorizing the selected credit card to be charged for purchased merchandise. I am (We are) authorizing the release of Credit and Bank information. I am (We are) authorized, in my (our) capacity, to bind my (our) firm accordingly. I agree that all money shall be due and payable upon date of sale or receipt of merchandise. I am responsible for any checks returned by my bank as unpaid. I agree to pay any and all additional costs (collection, attorney, or legal) should the recovery of any defaulted funds owed to Escante, Inc. require placement with an outside collection agency.

PERSONAL GAURANTEE

In consideration of credit being extended to the above named firm, I personally guarantee all the indebtedness here under. I further agree that the guarantee is an absolute complete and continuing one. No notice of the indebtedness or any extension of credit already or hereafter contracted by or extended need be given. The terms may be rearranged, extended and/or renewed without notice to me. I agree that within (5) five days from the date of nullification I (We) agree to pay the entire amount balance due including financing and/or collection fees. The personal guarantee also applies in the event that the buyers declare bankruptcy or apply for bankruptcy protection.

Guarantees' Name: _____
Please Print

Signature: _____

Title: _____

Date: _____