

Referred By _____

FROM THE HEART ENTERPRISES, LLC

3804 South Elm Place, Suite C. Broken Arrow, OK 74011
PO Box 16384 North Little Rock, AR 72231
PH (888) 708-1090 FAX (501) 945-1379

TYPE OF TERMS DESIRED

Net____ CC____ C.O.D.____
Amount of credit needed
\$_____
Pending Order_____
For Office Use Only

NEW ACCOUNT INFORMATION (All new customers or existing customers requesting Net terms)

Company Name_____ Date Business Started_____
Website Address_____ Email Address_____
Billing Address_____ Telephone Number_____
City/State/Zip_____ Fax Number_____
Shipping Address_____ Sales Tax ID Number_____
City/State/Zip_____ D&B_____
Principals/Owners_____ Title_____
Controller or A/P Supervisor_____ Telephone Number_____

FINANCIAL INFORMATION (Complete only if seeking approval for Net terms)

Bank_____ Officer_____
Address_____ Telephone Number_____
City/State/Zip_____ Account Number_____

PERSONAL INFORMATION (Complete only if seeking approval for Net terms)

Principals/Owners Address_____
Principals/Owners Home Phone_____ Social Security Number_____

CREDIT CARD INFORMATION (Complete only if seeking to pay with credit card)

Credit Card Number: _____ EXP Date: _____ VISA____ MC____ AMEX____

I hereby authorize From the Heart Enterprises, LLC to charge my account for the F.O.B. value up to \$_____. Plus incurred shipping charges. I understand that if the order is not sent complete, From the Heart Enterprises will only charge for items shipped. No return accepted without prior authorization. All claims must be made within 7 Days of receipt.

Cardholders Name_____ Authorized Signature_____
Company Name_____ Date_____

PERMANENT AUTHORIZATION

I hereby authorize charges to my account for additional future orders for the FOB value and incurred shipping charges.

_____ Yes _____ No **Authorized Signature**_____

CREDIT AGREEMENT (Complete only if seeking approval for Net terms)

In consideration of credit being extended to the above business (hereinafter referred to as "customer") and From the Heart Enterprises (hereinafter referred to as "company"), we the undersigned, agree to be jointly, severally and individually responsible for the payment of any and all goods furnished by the company to our firm or to us individually. This is a continuing agreement and will remain in effect until the same is revoked by the undersigned or the Company, by giving written notice of such revocation. All parties to this agreement consent and agree that any action to enforce the agreement may be brought in Pulaski County, Arkansas. Customer agrees to submit to say jurisdiction and waives any objection to same. All refused orders will be subject to a restocking fee of 20% of invoice amount plus all freight charges. The entire balance of all credit accounts are due and payable in accordance with the terms of each invoice and thereafter a late charge of 1% per month will be made on past due balances.

If C.O.D. is acceptable until application is approved, please initial here. _____

This agreement made and entered into this _____ day of _____ 20____ Signature_____

PERSONAL GUARANTEE

The information is provided is for the purpose of obtaining credit, and each of the undersigned personally guarantees and agrees to become liable for the payment to From the Heart Enterprises, LLC, for all merchandise purchases in the name of_____. Any personal or homestead laws are hereby waived. If this account shall become default, and shall be placed in the hands of an attorney or an agent for collection, the undersigned hereby agrees to pay all expenses of collection, including a reasonable attorney's fee.

Witness_____ Signature_____ Date_____

Witness_____ Signature_____ Date_____

CREDIT REFERENCES (Complete only if seeking approval for Net terms)

Please Note: All orders will not be processed until complete credit information is available with sufficient time permitted to receive replies from references. Note also that all credit references should come from companies you are presently doing business with and contain mailing address, zip and telephone number with area codes. Please do not list Coca-Cola, Pepsi, Beer companies or Oil Distributors as credit references.

1. Company Name _____
Address _____
City/State/Zip _____
Phone# _____ Fax# _____ Acct.# _____

For Office Use Only:

Sold from: _____ to: _____ Terms: _____ Recent High: _____
Credit Limit: _____ Now Owing \$ _____ Past Due \$ _____
() Too new to Rate () No Experience () Prompt & Satisfactory () Discounts () C.O.D. () Slow 30 Days ()
Slow 60 Days () Slow 90 Days () NSF Checks () Unjust Claims
Comments _____

2. Company Name _____
Address _____
City/State/Zip _____
Phone# _____ Fax# _____ Acct.# _____

For Office Use Only:

Sold from: _____ to: _____ Terms: _____ Recent High: _____
Credit Limit: _____ Now Owing \$ _____ Past Due \$ _____
() Too new to Rate () No Experience () Prompt & Satisfactory () Discounts () C.O.D. () Slow 30 Days ()
Slow 60 Days () Slow 90 Days () NSF Checks () Unjust Claims
Comments _____

3. Company Name _____
Address _____
City/State/Zip _____
Phone# _____ Fax# _____ Acct.# _____

For Office Use Only:

Sold from: _____ to: _____ Terms: _____ Recent High: _____
Credit Limit: _____ Now Owing \$ _____ Past Due \$ _____
() Too new to Rate () No Experience () Prompt & Satisfactory () Discounts () C.O.D. () Slow 30 Days ()
Slow 60 Days () Slow 90 Days () NSF Checks () Unjust Claims
Comments _____

4. Company Name _____
Address _____
City/State/Zip _____
Phone# _____ Fax# _____ Acct.# _____

For Office Use Only:

Sold from: _____ to: _____ Terms: _____ Recent High: _____
Credit Limit: _____ Now Owing \$ _____ Past Due \$ _____
() Too new to Rate () No Experience () Prompt & Satisfactory () Discounts () C.O.D. () Slow 30 Days ()
Slow 60 Days () Slow 90 Days () NSF Checks () Unjust Claims
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