

SEYOGA, LLC.
Fort Lauderdale, FL 33301 USA
 CREDIT APPLICATION FOR A BUSINESS & RESELLER ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date Firm Started	State Reseller #/Sales Tax ID		DUNS#
Sole proprietorship:	Partnership:	Corporation:	Other:
Business Ship to address:			
City:		State:	ZIP Code:

CREDIT AUTHORIZATION INFORMATION

REQUIRED* CREDIT CARD INFORMATION MUST MATCH CREDIT CARD BANK INFORMATION *REQUIRED

Payment Terms and Information:
 I would like to have Seyoga charge the credit card listed above for all orders; OR I have, or would like to establish payment terms * (Terms are NET 15).
 First time orders are automatically charged to the Credit Card; subsequent orders will be on established payment terms; if requested, by choosing this option below.
 Each returned check will be charged A fee of \$35. For orders when payment is not received within the established terms (and we cannot contact you by the information provided above), we will automatically charge the Credit Card. If any credit card is automatically charged and then we receive a check, the double payment will be held as a credit, or can be paid to you as a check for a processing fee of \$50.
 Seyoga, LLC. accepts the following credit cards: Visa, MasterCard
--Debit cards are NOT accepted--

Credit Card Bill to Address:		
City:	State:	ZIP Code:
Email of Authorized Credit Card User:		
Credit Card Holders Name(As shown on credit card):		
Credit Card Number:	Expires(MM/YY):	
Credit Card Holders Phone:	Credit Card Type:	
Card Holders Signature	Date(MM/DD/YY):	

	By checking this box, I authorize Seyoga, LLC. to charge my credit card listed below (as specified in the Payment Terms on this form):
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NOTE:	<p style="text-align: center;">*If E-mailing this form, please type in your full name in place of Cardholder Signature.*</p> <p>By signing and submitting this form, either electronically or via fax, you are warranting that all information on this form is true, and you are in a position of authority to agree to the terms on this form. Please save this form locally on your computer and attach this form to a new e-mail message, sending from Authorized Credit Card User's E-mail Address to sales@seyogamat.com, or if you prefer, you can print and fax to 954.525.2043</p>
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BUSINESS AND CREDIT INFORMATION

Primary Business Location:

City:	State:	ZIP Code:
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How long at current address?

Telephone:	Fax:	E-mail:
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Bank name:

Bank address:	Phone:
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City:	State:	ZIP Code:
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Type of account	Account number
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Savings	
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Checking	
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Other	
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BUSINESS/TRADE REFERENCES

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

Company name:

Address:

City:	State:	ZIP Code:
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Phone:	Fax:	E-mail:
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Type of account:

AGREEMENT

1. All invoices are to be paid 15 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Seyoga, LLC. to make inquiries into the banking and business/trade references that you have supplied.

By signing and submitting this form, either electronically or via fax, you are warranting that all information on this form is true, and you are in a position of authority to agree to the terms on this form.

Please save this form locally on your computer and attach this form to a new e-mail message, addressed to sales@seyogamat.com, or if you prefer, you can print and fax to 954.525.2043

SIGNATURES

Title: Date:	Title: Date:
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