

Credit Application Instructions

Ace Management Group appreciates the opportunity to do business with you. Before we can establish an account, we ask that you supply us with the following information. Please read this notice carefully prior to submitting your application.

1. Read the entire credit application carefully.
2. Complete all the fields
3. Sign or initial each form (where needed)
4. Send the application to: **Attn: AR-Credit Department**

Mail: Ace Management Group, Inc

2543-D1 Ravenhill Drive

Fayetteville, NC 28303

Fax: (910) 485-1443

Email: BizCredit@AceManagementGroup.com

You may also submit any relevant pre-printed company information that you may already have available and allow 5 business days for processing.

Ace Management Group's credit terms of payment are **Net 15 days** from date of sale.

If you have any questions, please feel free to contact the Credit Department at (910) 485-0814 or visit www.AceManagementGroup.com.

Checklist

Please return the following documents to us:

- Credit Application **(Required)**
- Account Agreement **(Required)**
- Delinquent Payment **(Required)**
- Quote Request
- Copy of Credit card or Voided check **(Please enlarge for clarity) (Required)**
- Any other relevant credit information

PLEASE PRINT LEGIBLE!

Ace Management Group

COMPANY INFORMATION

Company Name	Company Type (Sole, Corp, LLC, Partnership)
Physical Address	Mailing/Billing Address
City State Zip	City State Zip
DNB Listed Phone number	Fax Number
Toll free number	Cell Phone
Years at physical address	County
Years in business	Po Required
Tax Id Number	DNB Number
Authorized Signer (1)	Title
Authorized Signer (2)	Title
Authorized Signer (3)	Title
Main Email Address	Alternative Email Address
Annual Sales	Estimated monthly Purchase
Number of Employees	Type of Business
Referred By	Company Website

REFERENCES

Bank Name	Vendor Name
Contact Name	Contact Name
Account Number	Account Number
Phone Number	Phone Number
Fax Number	Fax Number
Bank Name	Vendor Name
Contact Name	Contact Name
Account Number	Account Number
Phone Number	Phone Number
Fax Number	Fax Number

OPEN ACCOUNT AGREEMENT

In order to induce **Ace Management Group, Inc.**, to advance credit, enter into sale agreement with, or enter in contractual relations with the customer, the customer certifies that all information furnished herein is true.

The customer hereby authorizes and requests each of the above references, as well as any other source of credit information utilized by Ace Management Group, to advise Ace Management Group of its credit experience with the customer and/or to express an opinion as to the customer's credit worthiness. The customer further hereby releases Ace Management Group; and each reference or source of credit information contacted, from any and all liability whatsoever as a result of any such communication.

The customer has **read** and **agrees** to the OPEN ACCOUNT AGREEMENT terms set forth on this application.

The "customer" indicated on this application desires to purchase goods and services from Ace Management Group on an open account basis and agrees in consideration of the creation of the open account to be bound by the payment terms and conditions. Neither Ace Management Group nor the customer shall have any obligation to sell or purchase goods and services pursuant to this Agreement but any goods or services so sold shall be covered by this Agreement.

PAYMENT TERMS AND CONDITIONS

All Product and Service Invoices sold on open account are due "**Net 15 Days**", unless otherwise agreed to in writing at the time of sale. A service charge at the then current prevailing rate is assessed on delinquent balances. Ace Management Group reserves the right to change this rate or the "Net 15 Days" from time to time. Each service charge will be added to the monthly statement.

- (1) A NSF charge of **\$35** will be access on any returned checks.
- (2) A delinquent charge of **\$25** (one time) will be added to any account that is outstanding beyond 30 days. On the **31st** day, this account will be reported as **SLOW PAY.**
- (3) Any accounts unpaid after **60** days will incur a 1.5% per month (18% annually) service charge (until paid). Finance charges will be calculated from the date of purchase and any charges access to this account.
- (4) On the **91th** day, your credit card/checking account (on file) will be charged the amount of the principal and any other charges up to that point. This account will be reported as **BAD DEBT.**
- (5) Any accounts still unpaid over **120** days (the information on the Delinquent Payment from was incorrect, cancelled or closed), we will report this as **IN COLLECTION** and proceed with legal actions.
- (6) Should the undersigned default on any obligation incurred under this agreement and Ace Management Group refers account to their attorney for collection and/or legal action, the undersigned agrees as follows:
 - (a) To pay the principal due plus any service charges accrued
 - (b) All costs on any nature incurred by Ace Management Group to pursue the delinquent obligation. In addition, 35% of the principal amount due shall be added to the principal as liquidated damages to cover any and all additional expenses to Ace Management Group. In the event of a dispute or litigation between the parties, it is hereby agreed that jurisdiction and venue shall vest in Cumberland County, NC or at the sole discretion of Ace Management Group. All other venues are hereby expressly waived.

Ace Management Group will mail and/or email to the customer at the address set forth on this application a statement of the account each month, and unless Ace Management Group is notified in writing of an error therein within (30) days after the date of mailing the statement, it shall be deemed to be correct and accepted as rendered.

As Guarantor(s) on this account, I (We) commit that all of this information is correct and that I (we) personally guarantee to pay any outstanding balances on this account which remain outstanding beyond 30 days. . I/We agree that the above information in the credit application is true and Social Emporium has the right to check all credit sources. Your signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms.

Authorize Signature: _____

Signature: _____

Title: _____

Title: _____

Date: / / 20

Date: / / 20

This credit card will only be charge if your account is DELINQUENT (over 90 days).

This form will **NOT** be used to pay REGULAR invoices.

Please go to
AceMangementGroup.com
then click on Downloads to
retrieve the Electronic
Payment Authorization form.



DELINQUENT PAYMENT AUTHORIZATION

Please send an enlarged photocopy of the credit card or void check with this form.

To: Accounting Department
 Ace Management Group, Inc
 Phone: (910) 485-0814

Contact: AR – Credit Dept
Pay4Svc@AceManagementGroup.com
 Fax: (910) 485-1443

PAYMENT METHOD:



Visa

 MasterCard

 Discover

Permission is herewith granted to Ace Management Group, Incorporated to process the below credit card or bank draft information to pay any outstanding balances on this account, which remains outstanding beyond 90 days. I assume personal and individual responsibility, liability and guarantee payment of all charges due and payable to Ace Management Group, Inc.

_____ Initials

CONTACT INFORMATION

Date	Invoice Number DELINQUENT PAYMENT
Name on card	Authorized Signature
Billing Address	Billing City, State, Zip
Amount Charged	Contact Phone Number
Email	Fax Number

CREDIT CARD INFORMATION

Credit Card Number	
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Expiration Date	V-Code <small>American Express: The four (4) digits above the card number. Visa, MC and Discover: The last 3 digits in the signature space on the back of the card.</small>

BANK ACCOUNT INFORMATION

Bank Name	Routing Number
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Bank Account Number	
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
Bank Contact	Bank Phone