



500 Alakawa Street, #114 • Honolulu, HI 96817 • (808) 955-1126 • Fax (808) 941-5005 • www.ipdhawaii.com

CREDIT AGREEMENT

COMPANY INFORMATION	Business Name: _____	
	Mailing Address: _____	City: _____ State: _____ Zip: _____
	Street Address: _____	City: _____ State: _____ Zip: _____
	Phone: _____	Fax: _____ Website: _____
	Type of Business: _____	
	Type of ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
	Date of Incorporation: _____	State: _____ GET Tax #: _____
	Federal or SSN#: _____	Credit Desired: \$ _____

PRINCIPLE OWNERS	Name: _____	Title: _____
	Name: _____	Title: _____
	Name: _____	Title: _____
	Name: _____	Title: _____
	Person to contact regarding Payments: _____	
	Phone: _____	Fax: _____ e-mail: _____

TRADE REFERENCES	Company: _____	Company: _____
	Address: _____	Address: _____
	City/ST/Zip: _____	City/ST/Zip: _____
	Phone: _____	Fax: _____
	Company: _____	Company: _____
	Address: _____	Address: _____
	City/ST/Zip: _____	City/ST/Zip: _____
	Phone: _____	Fax: _____

BANK INFORMATION	Bank Name: _____	Account #: _____
	Address: _____	Contact: _____
	City/ST/Zip: _____	Phone: _____ Fax: _____

TERMS AND CONDITIONS OF SALE	<p>"I agree to pay my account in accordance with Island Pacific Distributors, Inc.'s terms of Net 30 days. I agree to pay all costs including 1-1/2% late charge in the collection of past due payments whether or not a suit or action is filed. If litigation is commenced, I agree to pay such additional sums as the court may judge to be reasonable as attorney's fees in the litigation, or any appeal there from. Should a dispute arise, the laws of the State of Hawaii and terms and conditions of this credit agreement shall govern. All disputes must be filed in the State of Hawaii.</p> <p>Island Pacific Distributors, Inc. is hereby authorized to investigate all trade reference and obtain information from credit reporting agencies. In the event of checks being returned by the bank of insufficient funds I agree to pay a \$25.00 charge per each check returned. I understand that credit is extended by Island Pacific Distributors, Inc. for my convenience and that Island Pacific Distributors, Inc. shall have the right to terminate this agreement at any time without notice to me. I agree that upon termination of this credit agreement, all sums owing on the date of termination shall be immediately due and payable, together with charges applicable thereto. The information herein contained is complete and truthful.</p> <p>I have read and accept the terms and conditions of sale shown on this credit agreement.</p>	
	Company: _____	Date: _____
	By: _____	Printed Name _____
	It's _____	