

2082 Business Center Drive, Suite 200
 Irvine, Ca 92612
 Tel. 949-474-6085 Fax. 949-474-7529

PAYMENT AGREEMENT

We agree to pay all bills within the stated term of sales. We agree to pay a service charge of \$35.00 for any checks returned from our bank unpaid for any reason. Additionally, we understand that a service charge may be assessed on any unpaid balance in an amount up to the maximum rate allowed by law. Should legal action be taken to secure payment for merchandise received, we will be liable for all expenses, including reasonable attorney's fees, incurred by VE Associates. We agree not to transfer or assign this agreement with out the prior written consent of VE Associates. We agree to give written notice to VE Associates prior to the sale or transfer of all or substantially all of the stocks or assets of our business; if we fail to do so, then we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business. We also agree that all shipments are to be paid by COD or cashier's check until credit approval. Unpaid items over 30 days are subject to 1.5% per month finance charge.

Company Name _____
 Name _____ Signature _____
 Title _____ Date _____

THE FOLLOWING SECTION MUST BE COMPLETED IF DEALER IS NOT INCORPORATED PRINCIPAL (Owner/Partner) INFORMATION (Use separate sheet if necessary to list 100% ownership)

The undersigned individual who is either a principal of the credit applicant or a sole proprietor of the credit applicant, recognizing that his/her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor in the credit evaluation process.

A Signature is required for individuals releasing their credit history

1) Officer's/Owners
 Name(Required) _____ Title _____ %Ownership _____
 Address _____
 City _____ State _____ Zip _____
 HomePhoneNo. _____ SocSec# _____ Driver'sLicense _____

2) Officer's/Owners
 Name(Required) _____ Title _____ %Ownership _____
 Address _____
 City _____ State _____ Zip _____
 HomePhoneNo. _____ SocSec# _____ Driver'sLicense _____

Have you ever filed for bankruptcy? ___NO ___YES

If Yes, which ___Personal ___Business Date Filed _____ Status _____