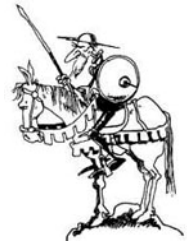


Monday Knight Productions



Wholesale / Retailer Account Application

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PHONE NUMBER: _____ **FAX NUMBER:** _____

E-Mail Address: _____ @ _____

Billing Address: *Same as Above*

City: _____ State: _____ Zip Code: _____

Owners Name: _____

Owners Address: *Same as Above*

City: _____ State: _____ Zip Code: _____

Type of Business: _____ Brick and Mortar or Online Only

How Long in Business: _____ At Present Location: _____

State Tax Number: _____ Federal ID Number: _____

If a corporation, the president's or CEO's Name: _____

SSN#: _____

Type of Account Desired:

- PayPal Payments (47% Discount for Brick and Mortar/45% for Online Stores)
- Credit Card on File Payments (47% Discount for Brick and Mortar/45% for Online Stores)
- Call for Payments for each Order (47% Discount for Brick and Mortar/45% for Online Stores)
- COD Payments (45% Discount for Brick and Mortar & Online Stores)
(Additional charges will apply for COD fees)
- NET 30 Payments (45% Discount for Brick and Mortar & Online Stores)

Three References:

Name	City	State	Phone Number

To verify that the above information is correct please:

Print Name: _____ Date: _____

Signature: _____

Monday Knight Productions

4100 NE 104th Ave * Vancouver, WA 98682

Phone: 503-317-0144 * Alternate Phone: 360-521-4468 * FAX: 360-258-1158

E-mail: mondayknightproductions@yahoo.com