



PUKA CREATIONS
16840 South Main St. Gardena CA 90248 USA

Net 30 Term Application

Contact _____
Phone _____

Email _____
Fax _____

Company Information

Legal Name _____
Trade Name _____
Years in Business _____

Address _____
Billing Address _____

Circle one: Corporation Partnership Sole Proprietorship

Name(s) and Title(s) of principal officer(s)/owner(s):

Bank References

Name _____
Contact _____
Credit Card No _____

Account No _____
Phone _____ Fax _____
Expiry Date _____ CCV# _____

I authorize Puka Creations to inquire information about our bank account. Type name and signature

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Trade References

Firm Name:	Phone:
Address:	Fax:
Firm Name:	Phone:
Address:	Fax:
Firm Name:	Phone:
Address:	Fax:

I understand and accept the following credit policies of Puka Creations:

1. Payment due 30 days after the receipt of shipment.
2. Invoice Not paid in 10 days after N30 subject to 5% finance charge.
3. In the event, payment is not made according to 1 & 2, I authorize Puka Creations to charge my credit card finance charge of 5% plus balance due amount.

Authorize Signature	Date
Print Name	Title