PUKA CREATIONS
16840 South Main St. Gardena CA 90248 USA

Net 30 Term Application

Contact _____ Email _____
Phone _____ Fax _____

Company Information

Legal Name _____ Address_____
Trade Name _____ _____
Years in Business _____ Billing Address_____
_____

Circle one: Corporation Partnership Sole Proprietorship

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

Bank References

Name _____ Account No_____
Contact _____ Phone_____ Fax _____
Credit Card No _____ Expiry Date _____ CVV# _____

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

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