



625 Sunbeam Ave. Sacramento, CA. 95811

(916)-443-9018 Fax (916)-443-4572

2803 N. Cherryland Ave. Stockton, CA. 95215

(209)-941- 9001 Fax (209)-931-4388

CREDIT, COLLECTION AND FINANCE POLICY

THE FOLLOWING SETS FORTH THE CREDIT, COLLECTION AND FINANCE POLICIES OF BATTERY BILL, INC. IT COVERS THE GENERAL CONDITIONS AND TERMS AND PROVIDES GUIDELINES FOR CUSTOMERS IN THEIR FINANCIAL ARRANGEMENTS WITH THE "COMPANY". FURTHER REFERENCE IN THIS POLICY TO BATTERY BILL, INC SHALL BE REFERRED TO AS THE "COMPANY".

THIS POLICY SUPERSEDES ALL PREVIOUS CREDIT, COLLECTION AND FINANCE POLICIES ISSUED BY BATTERY BILL, INC AND SHALL REMAIN IN EFFECT UNTIL FURTHER NOTICE. THE COMPANY RESERVES THE RIGHT TO CHANGE THIS POLICY AT ANY TIME

EXTENDING OF CREDIT

ONE OF THE MOST IMPORTANT SERVICES THE COMPANY OFFERS TO YOU AS A CUSTOMER IS CREDIT. BY MEETING WITH OUR CREDIT MANAGER AND COMPLETING OUR CREDIT APPLICATION AN OPEN LINE OF CREDIT WILL BE SET. BASED UPON YOUR NEEDS, FINANCIAL STRENGTH, AND HISTORY OF MEETING YOUR CREDIT OBLIGATIONS.

IN ORDER FOR US TO PROVIDE ALL OUR SERVICES AT THE LOWEST POSSIBLE PRICE, WE MUST ENFORCE A CREDIT AND COLLECTIONS POLICY BASED UPON SOUND BUSINESS PRINCIPALS AND GOOD JUDGEMENT.

TERMS OF SALE

INVOICES FOR BATTERIES AND ACCESSORIES PURCHASED BY YOU WILL BE INVOICED UPON SHIPMENT, DELIVERY OR PICK-UP FROM THE COMPANY. YOUR INVOICE FROM US WILL BE DATED THE DATE OF SHIPMENT, DELIVERY OR PICK-UP. (Delivery for account customers)

A STATEMENT IS PREPARED ON THE LAST BUSINESS DAY OF THE MONTH COVERING ALL TRANSACTIONS WITH YOUR ACCOUNT FOR THAT MONTH.

PAYMENT TERMS

UPON APPROVAL OF CREDIT, ALL BATTERIES AND ACCESSORIES TERMS OF SALE ARE AS FOLLOWS:

1. ALL PAYMENTS ARE DUE NET 30 .

CUSTOMER INITIAL: _____



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3. ACCOUNTS REMAINING UNPAID BEYOND OUR TERMS WILL BE PLACED ON CREDIT HOLD PENDING SATISFACTORY PAYMENTS. ANY CUSTOMER NOT MEETING THEIR FINANCIAL OBLIGATIONS WILL BE CONSIDERED DELINQUENT AND MAY BE SUBJECT TO THE LOSS OF OPEN CREDIT.

4. SERVICE CHARGE ON PAST DUE ACCOUNTS. TO PAY OUR BILLS PROMPTLY AND CARRY OUR ACCOUNTS RECEIVABLE, WE DEPEND ON SUBSTANTIAL AND CONTINUING BANK FINANCING. WHEN WE CARRY ACCOUNTS ON OUR BOOKS BEYOND OUR REGULAR TERMS WE ARE IN ESSENCE, LENDING THIS MONEY FREE OF CHARGE. SO WE MUST ADOPT THE FOLLOWING POLICY FOR ALL ACCOUNTS.

A. ON ALL DEBTS NOT TIMELY PAID, A LATE PAYMENT FINANCE CHARGE WILL BE COMPUTED AT THE PERIODIC RATE OF 1 1/2% PER MONTH, WHICH IS AN ANNUAL PERCENTAGE RATE OF 18% AND WILL BE APPLIED TO ANY PAST DUE BALANCE AND WILL BE DUE AND PAYABLE IMMEDIATELY AND SHALL BECOME PART OF THE PRINCIPAL OF THE DEBT.

THIS POLICY WILL APPLY UNIFORMLY TO ALL CUSTOMERS WHO PERMIT THEIR ACCOUNT TO BECOME DELINQUENT TO THAT EXTENT. TO THOSE OF YOU WHO MIGHT BE AFFECTED, PLEASE KNOW THAT OUR INTEREST LIES NOT IN COLLECTING A FINANCE CHARGE, BUT RATHER IN RECEIVING MORE TIMELY PAYMENT IN ORDER TO REDUCE OUR DEPENDENCE ON BANK FINANCING.

INFORMATION & ASSISTANCE

IF AT ANY TIME YOU HAVE A QUESTION ON AN INVOICE OR STATEMENT FROM THE COMPANY, A CALL OR NOTE TO OUR ACCOUNTING DEPARTMENT WILL BRING PROMPT ACTION IN GETTING THE PROBLEM RESOLVED.

WE CERTAINLY APPRECIATE YOUR BUSINESS AND LOOK FORWARD TO CONTINUING TO PROVIDE YOU WITH RELIABLE BATTERIES, ACCESSORIES AND SERVICE.

PLEASE FILL IN ATTACHED FORM AND RETURN TO BATTERY BILL, INC

VERY TRULY YOURS,

SUSAN DIGITALE
PRESIDENT
BATTERY BILL INC.

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ACCOUNT APPLICATION

PAGE- 3 of 4

APPLICANT'S COMPANY NAME: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

(CHECK ONE) : SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION .

OWNER / OFFICER NAME: _____ TITLE: _____

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CREDIT REFERENCES: (LOCAL IF POSSIBLE)

VENDOR NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE; _____ A/R -Fax# or email: _____

VENDOR NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE; _____ A/R -Fax# or email: _____

VENDOR NAME: _____ ACCOUNT #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE; _____ A/R -Fax# or email: _____



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PAGE- 4 of 4

RESALE: YES / NO --- IF YES – PLEASE FILL OUT RESALE CERTIFICATE

FARMER'S CERTIFICATE? _____

DOES THIS BUSINESS USE PURCHASE ORDERS? YES / NO

ANY SPECIAL BILLING REQUIREMENTS: _____

MAXIMUM AMOUNT OF CREDIT REOUESTED: \$ _____

ACCOUNTS PAYABLE: Name & Email: _____

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I / WE AGREE TO PAY ALL THE CHARGES TO OUR ACCOUNT UNDER THE FOLLOWING CONDITIONS.

IN THE EVENT OF DEFAULT OF ANY PAYMENT THAT MAY BECOME DUE, I / WE AGREE TO PAY INTEREST AT THE RATE OF 1 ½ % PER MONTH ON THE PRINCIPAL BALANCE OWING, FROM THE DATE OF SUCH DEFAULT. PURCHASES MUST BE PAID PER OUR CREDIT LETTER.

IN THE EVENT SUIT IS FILED ENFORCED PAYMENT OF ALL SUMS DUE UNDER THESE AGREEMENTS. I / WE AGREE TO PAY REASONABLE COURT COSTS AND ATTORNEY FEES.

COMPANY NAME: _____

SIGNED: _____

DATE: _____

Print Name: _____

TITLE: _____

REFERRED BY: _____