

## CREDIT CARD FORM

### BUSINESS INFORMATION

Bill to/Complete Company Name:

Card Holder Name:

Billing Address:

City:

State:

ZIP Code:

Telephone:

E-mail:

### CREDIT CARD DETAILS

Credit Card Number:

Expiration  
Date:

Security  
Code:

ZIP  
Code:

CHECK HERE TO KEEP CARD ON FILE FOR FUTURE PAYMENTS

### AGREEMENT

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE. HEREBY ACKNOWLEDGE THAT DALENO, INC. IS RELYING ON SUCH INFORMATION IN OPENING THIS ACCOUNT. SHOULD AN ACCOUNT BE OPENED, I ACKNOWLEDGE THAT ALL RIGHTS, OBLIGATIONS AND LIABILITIES THEREUNDER SHALL BE GOVERNED BY CALIFORNIA LAW. I AGREE THAT ANY SUIT, ACTION OR PROCEEDING ARISING OUT OF OR RELATING TO SAID ACTION SHALL BE INSTITUTED IN A STATE OF FEDERAL COURT IN THE STATE OF CALIFORNIA AND I AGREE TO SUBMIT TO THE JURISDICTION OF ANY SUCH COURT. IN MAKING THIS APPLICATION, THE AUTHORIZED SIGNER AGREES THAT PAYMENT FOR ALL PURCHASES WILL BE MADE IN ACCORDANCE WITH DALENO, INC TERMS OF SALE. SHOULD COLLECTION BE INCURRED, THE AUTHORIZED SIGNER AGREES TO PAY SUCH ADDITIONAL SOURCE CONCERNING THE STATEMENT IN THIS APPLICATION.

NAME/TITLE:

SIGNATURE:

DATE: