

# DIAMANTE JEANS, INC.

## JEANS MANUFACTURE & WHOLESALE

1111 SANTEE ST, LOS ANGELES, CA 90015

TEL: 213-746-6505 FAX: 213-746-1565 EMAIL: [diamantejeans@gmail.com](mailto:diamantejeans@gmail.com)

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Note: If you already have reseller/ wholesale account with us and want to set up **payment term**, please fill out the following forms and fax back to us:

### **PAYMENT AGREEMENT FOR PAYMENT TERM**

We agree to pay all bills within the stated term of sales. We agree to pay a service charge of \$25.00 for any checks returned from our bank unpaid for any reason.

Additionally, we understand that a service charge may be assessed on any unpaid balance in an amount up to the maximum rate including reasonable attorney's fees, incurred by DIAMANTE JEANS, INC.

We agree not to transfer or assign this agreement without the prior written consent of DIAMANTE JEANS, INC.. We agree to give written notice to DIAMANTE JEANS, INC., prior to the sale or transfer of all or substantially all of the stocks or assets of our business; if we fail to do so, then we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business.

We also agree that all shipments are to be paid by COD or cashier's check until credit approval. Unpaid items over 30 days are subject to 2.5% per month finance charge.

Company Name \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

### **INDIVIDUAL PERSONAL GUARANTY**

I, the undersigned, for and in consideration of your extending credit to the business entity identified in the above terms agreement as the "Purchaser", personally guarantee prompt payment of any obligation of the Company to DIAMANTE JEANS, INC. and each of its subsidiaries and affiliated entities ("Seller"), whether now existing or hereinafter incurred, and I further agree to bind myself to pay on demand any sum which is due by the Company to Seller whenever the Company fails to pay the same. It is understood that this guaranty shall be an absolute, continuing and irrevocable guaranty for such indebtedness of the Company.

I expressly waive presentment, demand, protest, notice of protest, dishonor, diligence, notice of default or nonpayment, notice of acceptance of this guaranty, notice of the extending of any guaranteed indebtedness already or hereafter contracted for by the Company, notice of any modification or renewal of any credit agreement evidencing the indebtedness hereby guaranteed and to all renewals or extensions of such indebtedness. I further waive any right to require Seller to proceed against, or make any effort at collection of the guaranteed indebtedness from, the Company or any other party liable for such indebtedness.

If the guaranteed indebtedness is not paid by me when due, and this guaranty is placed in the hands of an attorney for collection, or suit is brought hereon, or it is enforced through any judicial proceeding what's over, I shall pay all reasonable attorney fees and court costs incurred by Seller.

In the event more than one party executes this guaranty as guarantor, then each guarantor agrees to be jointly and severally liable for the guaranteed indebtedness, and, in all instances herein, the singular shall be construed to include in plural.

Name of Guarantor: \_\_\_\_\_ Signature: \_\_\_\_\_

Guarantor Home Address: \_\_\_\_\_

Guarantor's Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

TO BANK:

FROM: DIAMANTE JEANS, INC.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PLEASE ACCEPT THE AUTHORIZATION TO RELEASE INFORMATION REGARDING OUR ACCOUNTS LISTED BELOW TO DIAMANTE JEANS INC FOR THE PURPOSE OF EXTENDING CREDIT. I UNDERSTAND THAT THIS INFORMATION WILL BE KEPT IN STRICTEST CONFIDENCE BETWEEN YOUR ORGANIZATION AND DIAMANTE JEANS INC. THIS FORM MAYBE REPRODUCED OR PHOTOCOPIED AND A FAXED COPY SHALL BE AS EFFECTIVE CONSENT AS THE ORIGINAL WHICH I HAVE SIGNED.

SAVING ACCOUNT NUMBER: \_\_\_\_\_

CHECKING ACCOUNT NUMBER: \_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_