



BILLING:  
1043 N. SEWARD ST. HOLLYWOOD  
CA 90038

WAREHOUSE:  
12224 MONTAGUE ST. PACOIMA  
CA 91331

T: 818 853 8040  
F: 310 775 4042  
E: [info@zg04decor.com](mailto:info@zg04decor.com)  
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## NEW ACCOUNT & CREDIT

### PART I

| BASIC INFORMATION   |                   |       |              |              |          |       |
|---|-------------------|-------|--------------|--------------|----------|-------|
| Applicant's Business Name   |                   |       |              | Contact Name |          |       |
| Address 1   |                   |       |              |              | Phone    |       |
| City  |                   | State | Zip          | Fax          |          |       |
| Address 2   |                   |       |              |              | Phone    |       |
| City  |                   | State | Zip          | Fax          |          |       |
| Type of Organization: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other _____ |                   |       |              |              |          |       |
| Date Business Started   | Date Incorporated | State | Federal ID # | DUNS#        | Resale # |       |
| INFORMATION ON PROPRIETORS, PARTNERS, OR COMPANY OFFICERS   |                   |       |              |              |          |       |
| Name  |                   | Email |              |              | Title    |       |
| Address   |                   |       |              | Phone        | SSN      |       |
| Name  |                   | Email |              |              | Title    |       |
| Address   |                   |       |              | Phone        | SSN      |       |
| ACCOUNTS PAYABLE CONTACT INFORMATION  |                   |       |              |              |          |       |
| Name  |                   | Email |              |              | Title    | Phone |

### PART II

| Amount of Credit Requested |  |           |
|----------------------------|--|-----------|
| BANK REFERENCE             |  |           |
| Name                       |  | Account # |
| Address of Branch          |  | Phone Fax |
| TRADE REFERENCES           |  |           |
| Name of Reference          |  | Account # |
| Address                    |  | Phone Fax |
| Name of Reference          |  | Account # |
| Address                    |  | Phone Fax |
| Name of Reference          |  | Account # |
| Address                    |  | Phone Fax |

ZEITGEIST + LINE 204 = ZG04DECOR / FURNITURE, LIGHTING, ART, DÉCOR& MORE



ZG04 DECOR



ZG04



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PART III

CREDIT CARD INFORMATION

Credit Card Authorization Form \*Required as security deposit on all rental orders\*

Use for SECURITY DEPOSIT ONLY Use for DEPOSIT AND PAYMENT Use ON FILE for future payments

Form with fields: Name on Card, Email, Phone, Billing Address, City, State, Zip Code, Check/Circle One (Visa, MC, Amex, Discover), Credit Card #, Expiration Date, Security Code

Note: Must have a photocopy of credit card (front / back) & driver's license sent back with form

AUTHORIZED SIGNATURE

I hereby authorize Line 204, LLC DBA ZG04 Decor and Affiliates to charge this credit card as payment for required applicant account deposits or any unpaid liabilities for authorized goods & services provided.

Form with fields: Signature, Print Name, Date

PART IV

TERMS AND CONDITIONS

- Applicant authorizes Line 204, LLC DBA ZG04 Decor and Affiliates (the "Company") to obtain credit and financial information concerning the Applicant at any time and from any source and consents to the information contained in this application being used for reference and/or credit reporting from time to time during the duration of this account.
- Applicant undertakes to promptly notify the Company of any change of his/her business details or corporate structure.
- Applicant acknowledges that terms of payment are STRICTLY COD unless extended terms are approved by the Company's Credit Department. Application for credit facilities may be denied or withdrawn by the Company at any time.
- In the event the account becomes overdue, a late payment charge of 1.5% per month from due date accrues on the total past due balance. Applicant agrees to pay interest and any reasonable collection or attorney's fees necessary to collect on invoices. Waiver of any one or more service charges shall not be deemed a waiver of future service charges.
- I hereby personally guarantee to the Company, its successors and assigns, payment of any obligations of the Applicant and I hereby agree to jointly and severally bind myself to pay the Company on demand any sum which may become due to the Company. It is understood that this guaranty shall be continuing in nature and revocable only upon formal written consent by the Company. In the event an action is commenced to enforce my obligations under this Personal Guaranty, I hereby agree to indemnify the Company for all attorney fees, court fees, and all other associated expenses.

Signing this agreement indicates my acceptance of the terms and conditions stated, and I declare that all the information is provided true and correct in every detail.

Form with fields: Signature, Print Name, Date, Title, Email