



2520 Mira Mar Ave Long Beach, CA 90815

Tel: (310) 343-4099 Fax: (310) 615-9915

Here is a list of all required information on all purchase orders.

1. Complete shipping address including the full name of the person requesting the PO or receiving the shipment
2. Billing address if different than the shipping address
3. Valid contact email address
4. The code numbers for the products that you would like to order. We will accept the item description as written on our website, however if you do not provide us with code numbers we are not responsible if you receive the incorrect item.
5. The quantity of each item that you want to order
6. Valid contact telephone numbers for both the person requesting the PO and the billing department
7. A UPS shipping cost that must be calculated using the shipping calculator on our website www.candywarehouse.com . If you do not include this, we will calculate it for you and send your PO back for an approval.
8. Each submitted PO must be labeled NET 15
9. Please do not include Sales Tax on PO's as California does not tax food products, including candy
10. Order must be at least \$150 excluding shipping costs

We can provide a W-9 to your Accounts Payable dept if you provide me with a fax number.

If you have any further questions please let me know.

Payment Terms

The undersigned ("DEBTOR") hereby makes this application to CandyWarehouse.com, Inc. ("CREDITOR") and in making this application the undersigned agrees that all amounts payable on or before the due date, as shown on each invoice, shall be paid, and if not paid on or before said date, are then delinquent. Should credit availability be granted by creditor, all decisions with respect to the extension or continuation of credit shall be in the sole discretion of creditor. Creditor may terminate any credit availability within its sole discretion. It is understood that creditor may impose and charge a finance charge or delinquency charge which is the lower of one and one half percent (1-½%) per month or the highest rate allowed by law on any amount which becomes past due and delinquent. Additionally, if legal proceedings are instituted for the collection of any amount unpaid on the undersigned's account ("evidence of indebtedness") with creditor, the debtor agrees to pay, in addition to the outstanding balance, reasonable attorney's fees in accordance with applicable law.

Terms and Conditions of Sale: The undersigned agrees to pay for all billings according to the terms of creditor, which are **NET 15 DAYS**. No terms or conditions of purchase orders different from the terms of creditor will become part of any sales agreement, purchase order, or other document unless specifically approved in writing by creditor. Payments may be applied against open charges in the discretion of the creditor. On request the undersigned agrees that the continued solvency of the undersigned is a precondition to any sale made by creditor. The undersigned agrees to provide creditor a statement representing that the undersigned is and remains solvent. The undersigned acknowledges and agrees that creditor may utilize outside credit reporting services to obtain information on the undersigned. The laws of the State of California shall be applicable to all suits arising under any agreement between the undersigned and the creditor. The person signing this application certifies that he/she is authorized to sign on behalf of the undersigned and has the authority to legally bind the undersigned and that all of the information contained in this application, is true and correct to the best of their information, knowledge and belief. Applicant, in submitting this application for the purpose of obtaining credit, authorized creditor company to contact the references provided to obtain any information pertaining to the applicant's credit worthiness.

NAME OF APPLICANT: _____
(PRINT OR TYPE)

SIGNATURE: _____ TITLE: _____
(IF A CORPORATION TO BE SIGNED BY OFFICER OF COMPANY)

WITNESS: _____ DATE: _____

School / Company Name : _____

Contact Email: _____ Contact Phone: _____

Billing Address: _____
