



**312 N. MAY STREET, SUITE 102  
CHICAGO, IL 60607  
(630) 444-1757**

**NEW ACCOUNT FORM**

PREPAID (CREDIT CARD/CHECKS)

Legal Name of Company  
.....  
Business Name/Trade Name  
.....  
Address  
.....  
Address  
.....  
City State Zip  
.....  
Phone Fax  
.....  
Billing Contact Name  
.....  
Billing E-Mail Address  
.....  
Federal Tax ID  
.....  
State Tax ID  
.....

**OFFICER/OWNER INFORMATION**

Name Title  
.....  
Address  
.....  
City State Zip  
.....  
Phone Fax  
.....

**AUTHORIZATION FOR CREDIT CARDS CHARGE**

I, ..... , (officer/owner) of the business named above, hereby authorize Olive Films and its agents to charge my Credit Card in order to process my orders (now and in the future).

Card Number Exp. Date  
.....  
Bank Issuing the Credit Card CCV  
.....  
Name on the Card  
.....

**SIGNATURE OF THE AUTHORIZED USER – HAS TO BE THE OFFICER/OWNER NAMED ABOVE**

Signature Date  
.....

**TERMS OF AGREEMENT**

1. Please note that when paying by Credit Card, your orders will only be shipped to your billing address.
2. Please note that when paying by Check, your check has to clear before we can ship your order. This may add as long as 10 working days to the processing and shipping of your order.
3. Once your application has been approved and an account has been opened for you, Olive Films will contact you and you will be provided with your Customer ID Number. You may place your orders immediately after you have been issued a Customer Number.
4. Regarding returns: a) ALL SALES ARE ONE-WAY AND NON-RETURNABLE (CANNOT BE RETURNED); b) with regards to DEFECTIVE items: The Return items are accepted ONLY after such an authorization has been requested and granted by Olive Films and for up to 45 days of the order's shipping date. The Retailer will ONLY receive identical in-kind "replacement" for the defective items.