



**New Color Screen Printing & Embroidery**  
 8645 Haven Ave. Unit 500  
 Rancho Cucamonga, CA 91730  
 P. 909.945.1577 F. 909.266.8059  
 www.newcolorsp.com

**BROKER ACCOUNT APPLICATION**

Date of Application: \_\_\_\_\_

Resale Permit #: \_\_\_\_\_

New Account  Renewal

Please complete the following in its entirety and return to New Color Screen Printing and Embroidery.

**GENERAL INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

DBA/Operating As: \_\_\_\_\_ Last 4 Digits of SS#: XXX-XX- \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**REFERENCES:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company: \_\_\_\_\_ Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Company: \_\_\_\_\_ Number: \_\_\_\_\_ Email: \_\_\_\_\_

**DEALER PREFERENCES:**

Would you like us to enforce **blind shipments**, meaning that none of our contact information will be placed in, on or with orders for all brokered jobs?  Yes /  No

How will you be making order payment?  C.O.D. (Money Order, Cashiers Check or Bank Draft)  Cash

C.O.D. (Company Check)  Credit Card (Credit Card Authorization Form Required)

**AGREEMENT OF CONDITIONAL SALE AND SECURITY AGREEMENT**

It is agreed by the undersigned that; 1) All goods and merchandise sold to the undersigned will be due and payable within the terms specified on each invoice and as agreed; 2) Any sums not paid within the agreed terms are subject to service charges of fifteen percent (15%) per annum; and 3) The undersigned shall pay all sums due and owing any sum resulting from action necessary to collect on any past due balances; 4) All monies collected as result of placement of account with collection agency will first be applied to collection fees.

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or if employed my dismissal for just cause. New Color Screen Printing may verify the information set forth on this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, law enforcement agencies and doctors to supply all information concerning my background.

I agree to provide New Color Screen Printing proof of my business and/or resale license, Social Security Card and appropriate credentials as may be required. I understand that the first 3 months of active service will be probationary during which time my employment may be terminated without notice of termination of employment or pay in lieu thereof.

Candidate Name: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_