

Fundraiser Credit Agreement

SCHOOL OR GROUP			
Organization name:			
Phone:	Fax:	E-mail:	
Registered organization address:			
City:	State:	ZIP Code:	
Website:			
State Tax Exemption Id Number: <i>Please send a copy state tax exemption certificate with completed agreement, if applicable.</i>			
PURCHASER OR 1ST CONTACT			
Name & Title:		Home Phone:	
Date of Birth:	SSN:	Cell Phone:	
Current Address:			
City:	State:	ZIP Code:	
Email:			
Current Employer:		Phone:	
BOOKKEEPER OR 2ND CONTACT <i>(May not be from same household as 1st contact)</i>			
Name & Title:		Home Phone:	
Date of Birth:	SSN:	Cell Phone:	
Current Address:			
City:	State:	ZIP Code:	
Email:			
Current Employer:		Phone:	
BANKING INFORMATION			
Bank name:			
Bank Address:		Phone:	
City:	State:	Zip Code:	
Type of account	Name on Account & Account number		
Checking			
Other			
REFERENCES: WHAT OTHER COMPANIES HAVE ISSUED CREDIT TO YOUR ORGANIZATION			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

Please continue with second page

Fundraiser Credit Agreement

REFERENCES CONTINUED			
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

CREDIT APPLICATION & AGREEMENT TO PAY

In consideration of D.M. of Indiana, Inc., d/b/a DMI Fundraising, granting credit to the Organization specified above which is placing this order, by its undersigned Authorized Agent, the Organization agrees to the following: The Organization agrees to pay in full all unpaid balances within twenty (20) days after date of invoice. In the event that the Organization does not pay all unpaid balances within thirty (30) days after date of invoice, it is understood and agreed that a late fee of \$39.00 will be charged, and in addition a finance charge in an amount of up to 1.5% per month. If collection proceedings, arbitration, or legal action is initiated to collect any portion of the account, the Organization agrees to pay all collection, arbitrator, and attorneys fees and all costs incurred by DMI Fundraising, including any attorney fees incurred in making demand for payment, as well as for filing and pursuing legal remedies, including any appeal.

This application and agreement is made in and shall be governed by the law of the State of Indiana. In any legal action between DMI Fundraising and the Organization (customer), each of them consents to and confers jurisdiction and preferred venue upon the courts of general jurisdiction of Porter County, Indiana, for all purposes relative to such action and agrees that the venue of such action may be changed from such county only upon the agreement of all parties to such action. Customer further agrees to accept service of process in such action by certified mail, return receipt requested. At the address specified in the Order Form and to acknowledge the receipt thereof in writing.

By signing this application for credit and agreement to pay, the Organization hereby authorizes DMI to obtain credit information from any of the persons or firms listed on this application and from any other source. The individuals signing below on behalf of the Organization warrants that they are authorized by proper action of the Organization to sign this agreement, and that all necessary action to bind the Organization has been taken and done.

Personal Guaranty

In consideration of the granting of credit to the Organization, by DMI Fundraising at the request of the undersigned and in reliance on this guaranty, the undersigned hereby guarantees the payment of the amounts due from the Organization to DMI Fundraising, and the undersigned promises to pay all of the costs and fees incurred by DMI Fundraising in enforcing this guaranty and in enforcing the Organization's promise to pay DMI Fundraising, including attorney fees and all other costs of collection. DMI Fundraising's forbearance, delays, extensions of time to pay or any other reason whether similar to or different from the foregoing shall not release the undersigned from liability as guarantor.

SIGNATURES

<p>-----</p> <p>Signature of Representative #1</p> <p>Title:</p> <p>Date:</p>	<p>-----</p> <p>Signature of Representative #2</p> <p>Title:</p> <p>Date:</p>
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Return completed agreement by fax to: (219) 465-1356 or (855) 218-2291;
 or by mail to

DMI FUNDRAISING
 319 E 316 N SUITE F
 VALPARAISO IN 46383