



667 McCormick Street
San Leandro, CA 94577-1109
Phone (510) 596-4150 Fax (510) 658-1646

CREDIT APPLICATION

Company Name: _____

Billing Address: _____

Shipping Address: _____

Telephone: _____ Fax: _____ Email: _____

Type of Business: _____ Date Started: _____

Is the Merchandise being Purchased Taxable? Y / N Resale Number: _____

Send Resale Card

Do you prefer your invoices to be mailed/faxed/emailed? A/P Contact: _____

A/P Fax Number: _____ A/P Email: _____

Current Ownership (State Incorporated): _____

Names and Titles of Principal Officers: _____

Subsidiary of: _____ Affiliated Companies: _____

Is Applicant Doing Business Under Any Other Name(s)? Y / N

Give Name(s) and Location: _____

Bank: _____ Address: _____

Telephone: _____ Account Number: _____

Trade References: Required a minimum of FOUR trade references. Please provide name, address, phone, and fax number.

TERMS: Our terms are NET 30 DAYS. Service charges of 1 1/2% per month (18% per annum) applied to all past due accounts.

To induce delivery of goods and/or rendition of services to our corporation and/or partnerships ("Company"), I/We personally guarantee payment of our Company bills. This guarantee is unlimited in amount. In the event of delinquency of obligation owed by Company to you, we in the Company, aside from paying the debt, interest and court cost, shall pay you reasonable attorney's fees incurred in the collection of such a delinquency regardless of whether legal action is taken. This form of guarantee bind us, Company and our successors.

Name and Title: _____

Signature: _____ Date: _____