

GRAHAM WHOLESALE LLC
CREDIT APPLICATION AND GUARANTEE

121 Toni Court
 Galt, CA 95632



Tel: 916-753-3931
 Tel: 916-897-0143

GENERAL INFORMATION

Company Name:		Date:	
Phone:		Fax:	
Physical Address:			
Description of Business:		Business Start Date:	
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Other <i>For Proprietorship or Partnership, please attach a copy of trade papers. For Corporation, please attach Certificate of Incorporation or affix corporate seal to this application. Please attach a copy of LLC Agreement.</i>			

CONTACT & BILLING INFORMATION

Billing Address: <input type="checkbox"/> Same as Physical Address	
Business Contact:	Accounts Payable Contact:
Title:	A/P Phone:
Phone:	A/P Email:
E-Mail:	Receive Invoices/Statements Via: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail
Are POs Required? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>For companies with more than 1 location: Please confirm if one location does A/P, or each location does their own A/P. If each location does it separately, please provide contact information.</i>	

FINANCIAL INFORMATION

Bank Where Primary Account is Held:	
Bank Contact:	Phone:
Has the business or any principal ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any outstanding lien or judgements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sales Tax Exempt: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, attach copy of tax exemption certificate.</i>	
Federal ID#:	

TRADE REFERENCES

Company Name:		Address:	
Phone:	Fax:	Email:	
Company Name:		Address:	
Phone:	Fax:	Email:	
Company Name:		Address:	
Phone:	Fax:	Email:	
Company Name:		Address:	
Phone:	Fax:	Email:	

AGREEMENT

A finance charge not to exceed 2% per month will be charged on all balances not paid by end of the month of purchase. Please note credit card transactions will result in an additional 3% credit card fee. Open account privileges may be withdrawn when any unpaid account becomes overdue

The above terms are expressly agreed to. Upon delinquency, the account will automatically be placed on C.O.D status and an agreed service charge will be paid on the balance owed at a rate not to exceed 2% per month. If the account is placed in the hands of an agency for collection, or if collected through suit, probate or bankruptcy proceedings; there will be fees paid in addition to all other charges. All faxed applications must be followed by the original signed application sent. The signature below authorizes Graham Wholesale LLC to obtain any credit reports necessary to process the credit application.

SIGNATURE OF OWNER/PRINCIPAL OR AUTHORIZED OFFICER/PARTNER

NOTICE: Applicant and each other person signing below warrants the information provides herein or in connection with this application is true and correct and authorizes the release of such information in any party who may provide credit to applicant, whether herein or pursuant to a subsequent application or request, to obtain from banks, credit bureaus and other creditors, all of which are hereby authorized to release, any credit/financial information concerning applicant or such person (including personal credit bureaus) as such party may deem appropriate, and to share all such information with the other.

Print Name: _____ **Title:** _____ **SIGNATURE:** _____

Print Name: _____ **Title:** _____ **SIGNATURE:** _____

WHEN COMPLETED, PLEASE EMAIL SALES@GRAHAMWHOLESALE.COM ALONG WITH ANY OTHER NECESSARY DOCUMENTS. THANK YOU.