

1550 Factor Avenue, San Leandro, CA 94577
TOLL FREE (800) 227-5640
(510) 352-8770. FAX (510) 895-5676



NEW ACCOUNT CREDIT INFORMATION

All information must be filled out completely to avoid unnecessary delays in shipment. **Incomplete** forms will be **returned**. Please allow 2-3 weeks for credit approval.

BUSINESS INFORMATION

Legal Name of Firm: _____

Name of Parent Company if Subsidiary: _____

Principle Business Address: _____

City/State/Zip: _____ Phone: _____

Type of Business: _____ Number of Locations: _____

Under Present Owner Since: _____ Year Business Established: _____

Corporation Partnership Proprietorship

Warehouse Storefront Other (please specify) _____

Officers: President: _____ Vice President: _____

Treasurer: _____ Secretary: _____

Owner: _____ Partners: _____

Listed in D&B: Yes No Rating: _____

Other Credit Bureau: _____

Tax Resale No. _____ CA, NY, and FL firms must submit a signed resale card when returning this form or you will be charged sales tax.

Continued on next page...

1550 Factor Avenue, San Leandro, CA 94577-5616
(510)352-8770 Toll Free (800)227-5640 Fax (510)895-5674/6

Bank Reference

Bank Name: _____ Acct No. _____
Address: _____ Phone: _____
City/State/Zip: _____ Contact: _____
Bank Credit Line: _____
Secured: Yes No Personal Guarantee Yes No

The undersigned hereby certifies that the above information is true and correct and in addition to the foregoing the undersigned promises to pay for all purchases in accordance with your terms of sale. If at any time the undersigned is unable to pay for the said purchases when due, the undersigned address to pay and authorizes you to bill my account with interest computed at 1.5% per month (18% per annum) on any past due amount or the maximum prevailing rate allowable under the law of the state governing the transactions contemplated by this credit application. If it becomes necessary for your company to incur collection costs for the amount due under this agreement the undersigned promises to pay any additional collection costs including reasonable attorney fees.

Date: _____ Company Legal Name: _____

By (Signed by Owner, Officer, or Authorized Agent): _____

CALIFORNIA, NEW YORK, AND FLORIDA FIRMS MUST SUBMIT A SIGNED
RESALE CARD OR SALES TAX WILL AUTOMATICALLY BE CHARGED.

TRADE REFERENCES

1.
Name: _____ Phone: _____
Address: _____
City/State/Zip: _____

2.
Name: _____ Phone: _____
Address: _____
City/State/Zip: _____

3.
Name: _____ Phone: _____
Address: _____
City/State/Zip: _____

4.
Name: _____ Phone: _____
Address: _____
City/State/Zip: _____

5.
Name: _____ Phone: _____
Address: _____
City/State/Zip: _____