

# Application for Credit

Company Name: \_\_\_\_\_ Accounting Mgr: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
Shipping: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Website: \_\_\_\_\_  
Year Established \_\_\_\_\_ Salesperson: \_\_\_\_\_  
 Sole proprietor  Partnership  Corporation Incorporation in the state of \_\_\_\_\_  
Are PO's Required?  Yes  No Individuals Authorized to Charge to Account: \_\_\_\_\_

## Corporate Officers:

President (Owner): \_\_\_\_\_ Address: \_\_\_\_\_  
Vice-President (Co-owner): \_\_\_\_\_ Address: \_\_\_\_\_  
Secretary \_\_\_\_\_ Address: \_\_\_\_\_  
Treasurer: \_\_\_\_\_ Address: \_\_\_\_\_

## Financial Institution:

Bank: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_ Address: \_\_\_\_\_  
Account Representative: \_\_\_\_\_ Account Type: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Federal Tax ID # or Social Security # \_\_\_\_\_  
Dunn & Bradstreet Number: \_\_\_\_\_ Resale Number: \_\_\_\_\_  
*If you are purchasing for resale please provide a copy of your resale certificate*

## Trade References:

*Please do not list revolving accounts, utilities, etc.*

Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Attn: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Attn: \_\_\_\_\_  
Business Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Attn: \_\_\_\_\_

*All charges are due upon receipt and delinquent 30 days from date of invoice. We authorize our bank and the above trade references to release the information necessary to complete this credit application. Any accounts past due more than 60 days will be placed on C.O.D. until the balance has been paid in full. Notification of credit approval or denial will be made within 30-45 days following submission of this application. A finance charge of 1.00% per month (12% annually) will be assessed on all past due balances. If for any reason this account should become past due or delinquent, I understand that our debts will be assigned to a collection agency. I further understand that in the event it becomes necessary for a lawsuit to be instituted for the collection of the legal debt(s) against the company I represent, I agree to any reasonable attorney fees, interest on unpaid balance, court fees, filing fees and service fees should the collection agency representing CSDS, or CSDS, prevail in legal proceedings. This agreement is entered into under the jurisdiction of Sacramento County, and the rights and duties of the parties shall be governed and interpreted according to the laws of the State of California.*

*We certify the above information is true and correct, and that we can and will comply with your terms of sale. Furthermore, we authorize the above bank and references to release information necessary to complete this credit check.*

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_



**SACRAMENTO**  
4733 AUBURN BOULEVARD  
SACRAMENTO, CA 95841  
916.344.0232  
FAX: 916.344.2998

**DUBLIN**  
6701 SIERRA COURT, STE. E  
DUBLIN, CA 94568  
925.960.0323  
FAX: 925.556.0150

**FRESNO**  
4753 W JENNIFER AVENUE  
FRESNO, CA 93722  
559.275.0513  
FAX: 559.275.0518