

Territory



ACCOUNT APPLICATION

In order to facilitate early completion of an up-to-date account application, we would appreciate your cooperation in filing out, signing & returning this form to us

5455 S. Boyle Avenue
Los Angeles, CA 90058
800.618.4586 / 323.582.0166 ph
323.582.5533 fax

<u>Corporate Name &/or Dba Name:</u>	<u>Phone Number</u>	<u>Fax Number</u>	<u>Date</u>
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<u>Address (BILL TO)</u>	<u>City</u>	<u>State/ZIP</u>
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<u>Address (SHIP TO) if different from BILL TO</u>	<u>City</u>	<u>State/ZIP</u>
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<u>check one</u> <input type="checkbox"/> corporation <input type="checkbox"/> proprietorship <input type="checkbox"/> partnership	<u>Email Address (please provide)</u>	<u>Name of Contact Person</u>	<u>Date Business Established</u>
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<u>Names of Owners / Partners / Principles</u>	<u>Sales Rep Name, if known</u>
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1
2

** IF BUSINESS LOCATED IN CALIFORNIA ONLY, PLEASE PROVIDE RESALE NUMBER BELOW **:

<u>Bank Name</u>	<u>Address</u>	<u>Account #</u>	<u>Phone & Fax #</u>
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<u>Dunn & Bradstreet Number</u>	<u>Resale Number</u>
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<u>Trade Reference Names</u>	<u>Address</u>	<u>Phone #</u>	<u>Fax #</u>
1			
2			
3			

<u>Financial Statement</u>	<u>Terms Requested - Please circle one of the following:</u>		
enclosed:	NET 30	Amount of Credit Requested: \$ _____	
upon request	CREDIT CARD (Visa or MC only)	COD (Cash or Check)	PROFORMA
of credit			

If requesting credit card terms, please provide the following information: Credit Card #, Name on Card, Billing Zip Code, Exp. Date

You will find the terms of sale stated on our invoices. As part of the consideration for any sales and purchases, which may take place between our firm and the undersigned, all orders and shipments shall be subject to the following terms and conditions: The laws and decisions of the State of California shall govern all transactions taking place between the parties. Any over-due payments shall bear charges at the rate of eighteen percent (18%) per annum, except in no event shall the amount of charges exceed the highest amount permitted by law. Should it be necessary for us to retain an attorney to enforce any of the transactions, which may arise between the parties pursuant hereto, the undersigned agrees to pay our attorney's fees and cost of collection.

YOU ARE HEREBY AUTHORIZED TO CONTACT ANY AND ALL OF THE ABOVE FIRMS REGARDING OUR CREDIT.

<u>Signature</u>	<u>Title / Date</u>
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CREDIT DEPARTMENT USE ONLY			
<u>Credit Approved By</u>	<u>Limit Approved</u>	<u>Credit Rejected By</u>	<u>Reason Credit Denied:</u>
	\$		