



**APPLICATION FOR CREDIT**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_  
Check One:  Individual  Partnership  Corporation  
Nature of Business \_\_\_\_\_ How Long \_\_\_\_\_  
Business License # \_\_\_\_\_ Duns# \_\_\_\_\_  
Federal ID or SS# \_\_\_\_\_ Resale # \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_ (Certificate required)  
If yes, when? \_\_\_\_\_  
Have you ever had property repossessed? \_\_\_\_\_ If Yes, when? \_\_\_\_\_  
Have you ever been involved in a lawsuit? \_\_\_\_\_ If Yes, please provide details on back or on separate page.

Full Names of owners and/or officers (if corporation):  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
Name of Bank \_\_\_\_\_ Acct# \_\_\_\_\_  
Branch Address, City/state \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_

Trade references- Please list on back or on a separate sheet.

Will you be issuing a purchase order? \_\_\_\_\_

Customer agrees to pay 18% per annum or the maximum rate allowable by law, whichever is less, on the declining balance of any past due invoice. The payment or accrual of interest does not extend terms or defer payment of any past due bill, and the customer is subject to collection and/or legal action if any sum is not paid on or before the subject due date thereof.

In the event of delinquency of any account, customer agrees to pay all collections costs, attorney's fees and court costs incurred in the collection of said account, regardless of whether or not judicial action is undertaken.

The information provided in the application is for the purpose of obtaining credit and is warranted to be true.

I/we hereby authorize Coordinated Resources, Inc. of San Francisco to investigate the references listed or provided pertaining to my/our credit and financial responsibility.

Firm Name \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

