



7701 ALABAMA AVENUE, CANOGA PARK, CA 91304  
 TOLL FREE: 877-998-6637  
 FAX: 818-710-9770

**BUSINESS CREDIT APPLICATION**

**Billing Information**

Full Legal Name	Bus. Tel #	Fax #	
Street Address	City	State	Zip
Shipping Address (if different)	City	State	Zip
How long have you been in business?	Type of business		
Annual Sales Volume	Estimated Yearly Purchased		

**Business Credit Application**

Principal Authorizes Officer	Title(s)		
Contact Person(s)	Duns Number		
Name of Parent Company			
Street Address	City	State	Zip

**Bank Reference**

Bank Name	Contact	Account #	
Bank Address	City	State	Zip
Telephone Number	Fax Number		

**Trade References**

1. Name	Contact	Account #		
1. Street Address	City	State	Zip	Tel.
2. Name	Contact	Account #		
2. Street Address	City	State	Zip	Tel.
3. Name	Contact	Account #		
3. Street Address	City	State	Zip	Tel.

THE UNDERSIGNED, AND EACH OF THEM, BY EXECUTION OF THIS CREDIT APPLICATION, AGREE THAT THEY SHALL PAY FOR ALL OUTSTANDING BALANCES PER TERMS AS AGREED BETWEEN THEM. IN THE EVENT THIS ACCOUNT IS EVER DELINQUENT PER THOSE TERMS, THE ACCOUNT WILL BE CHARGED A LATE CHARGE AT A SIMPLE INTEREST RATE OF EIGHTEEN PERCENT (18%) PER YEAR. THE UNDERSIGNED, AND EACH OF THEM, FURTHER AGREE THAT SHOULD ANY DISPUTE ARISE WHATSOEVER BETWEEN THE PARTIES RELATING TO ANY TRANSACTION STEMMING FROM THIS APPLICATION, THE VENUE OF SUCH DISPUTE SHALL BE THE SUPERIOR COURT OF CALIFORNIA FOR THE COUNTY OF LOS ANGELES. THE UNDERSIGNED, AND EACH OF THEM, ALSO ACKNOWLEDGE AND AGREE THAT THE PREVAILING PARTY OF ANY SUCH DISPUTE WILL BE ENTITLED TO ITS COSTS AND REASONABLE ATTORNEY'S FEES.

Auth. Signature	Print Name	Title	Date
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**INDIVIDUAL PERSONAL GUARANTEE**

I, [NAME] \_\_\_\_\_, RESIDING AT [ADDRESS] \_\_\_\_\_  
 \_\_\_\_\_ HAVE READ THE FOREGOING AND FOR AND IN  
 CONSIDERATION OF YOUR EXTENDING CREDIT AT MY REQUEST TO [COMPANY]  
 \_\_\_\_\_ (HEREINAFTER REFERRED TO AS THE "COMPANY") OF WHICH I AM  
 [TITLE] \_\_\_\_\_ HEREBY PERSONALLY GUARANTEE TO YOU THE PAYMENT AT [CITY]  
 \_\_\_\_\_ IN THE STATE OF \_\_\_\_\_ ANY OBLIGATION OF THE COMPANY WHENEVER THE  
 COMPANY SHALL FAIL TO PAY THE SAME. IT IS UNDERSTOOD THAT THIS GUARANTEE SHALL BE A  
 CONTINUING AND IRREVOCABLE GUARANTEE AND INDEMNITY FOR SUCH INDEBTEDNESS OF THE  
 COMPANY. I DO HEREBY WAIVE NOTICE OF DEFAULT, NON-PAYMENT AND NOTICE HEREOF AND  
 CONSENT TO ANY MODIFICATION OF RENEWAL OF CREDIT AGREEMENT HEREBY GUARANTEED.

Auth. Signature	Print Name	Title	Date
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