



# APPLICATION FOR CREDIT

Please fill out completely (or attach typed information sheet) and sign where indicated.

Firm Name (dba) \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Legal Name \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Nature of Business \_\_\_\_\_ Years in Business \_\_\_\_\_

- Sole Proprietorship
- Partnership
- Corporation
- Limited Liability Co.
- Limited Liability Partnership

Credit Limit Requested \$ \_\_\_\_\_

Has the company or any owner or partner ever filed bankruptcy? \_\_\_\_\_

If Yes, when and what type? \_\_\_\_\_ Discharged? \_\_\_\_\_

### BANK REFERENCE

Bank Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Account Number \_\_\_\_\_

### TRADE REFERENCES (Only those from whom you buy on open account)

Firm Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

### INFORMATION ON ALL OWNERS, PARTNERS AND/OR OFFICERS REQUIRED

Name \_\_\_\_\_ Title \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

### PLEASE COMPLETE INFORMATION ON BACK

## CREDIT AGREEMENT

**TERMS: DUE AND PAYABLE 30 DAYS FROM DATE OF INVOICE.** I/We agree to pay a service charge of 1-1/2% per month on any amount past due. I/We further agree to pay for all collection costs and attorney's fees that creditor may incur in order to enforce collection. In the event legal action is brought by either party, jurisdiction is deemed to be in the City of San Diego, in the State of California and all rights to change of venue are hereby waived. Accounts past due may be placed on a C.O.D. basis without notice. A twenty-five dollar fee will be charged for returned checks.

I agree to notify creditor immediately of any change of ownership and/or legal composition of the applicant.

I authorize any above listed credit and/or banking references, as well as outside credit reporting services, to release credit information as required. I certify that all information contained in this application is true and correct to the best of my knowledge and that I am authorized to sign this application on behalf of the applicant.

Signature \_\_\_\_\_ Title \_\_\_\_\_

Name Printed \_\_\_\_\_ Date \_\_\_\_\_

### AUTHORIZATION TO OBTAIN CREDIT REPORT

#### SOLE PROPRIETOR OR PERSONAL GUARANTOR MUST COMPLETE THIS SECTION

I hereby authorize the **Carlson Company, dba Mission Janitorial Supplies and Mission Abrasive Supplies**, to obtain copies of my consumer credit reports for the purpose of considering the establishment or review of a commercial business account.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### PERSONAL GUARANTEE

To the **Carlson Company, dba Mission Janitorial Supplies and Mission Abrasive Supplies**: In the event this account is not paid when due, demand can be made directly upon the undersigned:

The undersigned personally guarantees payment of the principal and interest, as well as any collection costs, for:

Company \_\_\_\_\_ dba \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guarantor's Name \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington, DC 20580.*