

# Sigillo Supply, Inc. - CREDIT APPLICATION

1623 Yosemite Avenue - San Francisco, CA 94124

Phone: 415.822.1780

Fax: 415.822.5838

FIRM NAME \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ CREDIT LINE REQUESTED \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

SOLE PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

LEGAL OWNER OR PARENT COMPANY \_\_\_\_\_

LEGAL OWNER SOCIAL SECURITY NUMBER \_\_\_\_\_ YEAR EST \_\_\_\_\_

DUNN & BRADSTREET NUMBER & RATING \_\_\_\_\_

**OWNERSHIP:** PLEASE LIST OWNERS, PARTNERS OR CORPORATE OFFICERS AS APPLICABLE

<u>NAME</u>	<u>POSITION</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
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**BUSINESS INFORMATION:**

BUSINESS LOCATION: OWN ( ) RENT ( ) FEDERAL ID # \_\_\_\_\_

STATE RESALE # \_\_\_\_\_ (IF FOR RESALE, PLEASE ATTACH RESALE CARD)

CONTRACTOR LICENSE # \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

PURCHASE ORDER REQUIRED \_\_\_\_\_ EMPLOYEES AUTHORIZED TO ISSUE PURCHASE ORDERS \_\_\_\_\_

**BANK REFERENCES:**

1) NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

2) NAME \_\_\_\_\_ CONTACT \_\_\_\_\_

TELEPHONE \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS \_\_\_\_\_

**TRADE REFERENCES:**

1) NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

2) NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

3) NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

4) NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

All information and representation in this Credit Application and Financial Statement are correct and complete. I will inform **Sigillo Supply, Inc.** immediately by Certified Mail to: Credit Department, 1623 Yosemite Avenue, San Francisco, CA 94124, if any changes to this information, my financial status, or in my interest or in my position in any partnership or corporation which purchases from **Sigillo Supply, Inc.** I understand that credit will not be granted in excess of regular terms and I agree to pay a service charge of up to 1.5% per month (18% annually) on all past due accounts. I agree to pay all costs and expenses of collecting past due accounts, including but not limited to all actual attorney fees and court costs incurred by **Sigillo Supply, Inc.** It is understood that should any suit or action take place, it shall be in San Francisco, California.

**RESTOCKING CHARGES:** Goods may not be returned without Seller’s consent, which may be withheld for any reason whatsoever. If the Seller consents to return of goods, those returned goods must be accompanied by Invoice Number and Invoice Date and will be subject to a service charge. The service charge for returned goods will be equal to the manufacturer’s restocking or other return charge, if any, plus Seller’s estimate of the actual damages which will be incurred by the Seller on the account of the Purchaser’s return of goods, including but not limited to the Seller’s costs of providing such goods to the Purchaser, receiving and restocking such goods, and Seller’s lost profit on the sale of such goods.

**RETURN CHECK POLICY:** A service charge of \$20.00 per check will be imposed for each check returned unpaid. Accounts responsible for unpaid checks will be contacted immediately by letter or telephone and given 30 days to resolve payment. Failure to do so may result in the check being turned over to the local police department for investigation and pursued to the full extent of the law.

For valid consideration and in consideration of any extension of credit to me, I personally guarantee payment for all future purchases made by me or any corporation in which I am a partner at the time said purchases are made, or by any corporation of which I am an officer in which I hold stock when said purchases are made.

Please attach your most recent financial statement to facilitate processing your application.

I (we) certify that the above information is true and correct and that we can comply with your terms. It is further agreed that the signature(s) below authorize **Sigillo Supply, Inc.** to request account information from Applicant’s Banks(s).

\_\_\_\_\_  
Signed Owner/Corporate Officer Title Date

\_\_\_\_\_  
Signed Owner/Corporate Officer Title Date