

Sigillo Supply Co. - 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 Co.** 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 Co.** 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 Co.** 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 Co.** to request account information from Applicant's Banks(s).

Signed Owner/Corporate Officer	Title	Date
_____	_____	_____

Signed Owner/Corporate Officer	Title	Date
_____	_____	_____