

CONFIDENTIAL CREDIT APPLICATION

Please complete in full and return to our Credit Department. An incomplete application may delay any decision 5772 Bolsa Ave STE 120 / Huntington Beach, CA 92649 / Phone: 714-622-6498 / Fax: 714-622-6499

AMOUNT REQUESTED: _\$		D&B#:		
AME:		DBA (TRADE STYLE):_		
	CITY:	STATE:	ZIP:	
	CITY:	STATE:	ZIP:	
FAX:		E-MAIL:		
	AME:	AME: CITY: CITY: CITY:	AME: DBA (TRADE STYLE): CITY: STATE: CITY: STATE:	AME: DBA (TRADE STYLE): CITY: STATE: ZIP: CITY: STATE: ZIP:

NOTE: Chute Doctor requires you accept all invoices and statements via E-Mail. Please insert the E-Mail address that we should forward these documents directly to.

AUTHORIZED PURCHASERS: (name and email)		PURCHASE ORDER # REQUIRED: YES NO				
(1)						
(2)						
(3)						
CORPORATION PART	NERSHIP	LIMITEI	D PARTNERSHIP	PROF	PRIETORS	ΗP
DATE BUSINESS WAS ESTABLISH	ED:	LINE	OF BUSINESS:			
STATE OF INCORPORATION:						
OFFICERS / PRINCIPALS:						
NAME:	TITLE:		_ SOCIAL SECURITY#	:		
HOME ADDRESS:		_ CITY: _	STATE	l:	_ ZIP:	
NAME:	TITLE:		_ SOCIAL SECURITY#	:		
NAME: HOME ADDRESS:		_ CITY: _	STAT	E:	ZIP:	
CDEDIT DEFEDENCES.						
CREDIT REFERENCES:		DECC.				
NAME: PHONE:		JKE55:				
NAME:		DECC	ACCOU	ΝΙ π		
NAME: PHONE:	Αυ	JKL55		NT #·		
NAME:						
PHONE:						
NAME:	ADI	DRESS		··· <u> </u>		
NAME: PHONE:	FAX:		ACCOU	NT #:		
BANK INFORMATION:						
		ADDI	RESS			
NAME: FA	X:		LOAN OFFICER	•		
CHECKING ACCOUNT #:		SA	VINGS ACCOUNT #:	•		

AGREEMENT OUR STANDARD TERMS OF SALE ARE: NET 30 DAYS

In consideration of Chute Doctor (hereinafter called Seller) extending credit to Applicant, Applicant agrees to pay for all items delivered to or at the request of the Applicant on or before the 30th day following the date of purchase, (Net 30 Days). Applicant agrees that all amounts due and payable to the payable address shown on the Seller's invoices(s) and that each of the terms and conditions of sale stated on the Seller's invoice(s) shall be a term of the contract from the Seller to the Applicant. The Applicant acknowledges that a monthly liquidated damage charge (commonly referred to as a late fee) of \$25.00 may be charged on the last day of every month for all accounts that contain a balance that has not been paid within 45 days from the original invoice(s) date, and the Applicant agrees to pay said late fee upon receipt. Interest shall accrue in the amount of 1½% per month on the outstanding balance. If Seller commences litigation or employs attorneys in order to secure payment of any sums due to it from Applicant, the Applicant agrees to notify Seller in writing of any change of ownership and further agrees that all charges incurred will remain the responsibility of Applicant unless agreed to by Seller in writing. The undersigned warrants that the above agreement has been carefully read and that the Applicant understands the same. I believe to the best of my knowledge that the information provided is true and correct. Applicant authorizes Seller to obtain credit and financial information concerning the Applicant (personal / business) at any time and from any source. Chute Doctor reserves the right to change and / or revoke terms of credit at any time.

Executed on this	ecuted on this day of		
	•		
Name of Applicant:	Signature:	Soc. Sec. #	

CONTINUING PERSONAL GUARANTY

The undersigned, jointly and severally, in consideration of credit being granted by Chute Doctor (hereafter being Seller) to the above named Applicant, do hereby personally guaranty and promise to pay any and all charges and / or money now and hereafter due to Seller. This guarantee includes, in addition to the outstanding principal balance, interest, late charges, attorney's fee and collection expenses. The undersigned waive any right to require Seller to proceed against Applicant or pursue any other remedy. In the event Seller demands payment in writing, the undersigned agrees to make payment within ten (10) days of receipt of written notice. No delay in the enforcement of this Personal Guaranty shall affect the liability of any of the undersigned. Applicant authorizes Seller to obtain credit and financial information concerning the Applicant at any time and from any source.

Executed on this da		y of	, 20
Guarantor Signature	Social Security #	Guarantor Signature	Social Security #
Guarantor Signature	Social Security #	Guarantor Signature	Social Security #
Varying discount levels are avai you are applying for: Retail Occasional purchase for own use (Surgeon): Multiple purchases >	l (Insured): Occasio e Contractor (onal purchase for own use (Specialist): Multiple purch	

RESALE CERTIFICATE

Name of Purchaser:	
Address of Purchaser:	

that the tangible personal property described herein which I shall purchase from: Chute Doctor will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business. It is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount. Description of property to be purchased: Electrical Equipment Parts and Supplies.

Date:	_
Phone:	
(Signature of Purchaser or Authorized Agent)	

Print Name of Purchaser: ______By and Title: ______