



P.O. Box 2026
Salinas, California 93902
Salinas Area (831) 424-1928

FAX (831) 424-5251

130 West Market Street
Salinas, California 93901
Monterey Area (831) 372-1928

CREDIT APPLICATION

THIS APPLICATION MUST BE FILLED OUT COMPLETELY TO EXPEDITE PROCESSING

CREDIT INFORMATION

DATE

Firm/ Individual Name

Phone ()

DBA (Doing Business As)

Phone ()

BILLING INFORMATION

BILL TO ADDRESS

DELIVERY ADDRESS

Name

Name

Address

Address

Zip

Zip

Contact Person

Contact Person

Phone

Phone

Sole Proprietorship:

Partnership:

Corporation:

Type of Business:

Date Established or Incorporated:

At Present Address Since (Date):

Resale License #:

Contractors #:

City Business License #:

City:

Federal Tax Id:

State #:

PERSONAL REFERENCES

1. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____
2. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

OWNERSHIP INFORMATION

NAMES OF PRINCIPALS OR OFFICERS

Name: _____ Title: _____

Soc. Sec. #: _____ Birth Date: _____ Driver's Lic. #: _____

Residence Address: _____ Phone () _____

Name: _____ Title: _____

Soc. Sec. #: _____ Birth Date: _____ Driver's Lic. #: _____

Residence Address: _____ Phone () _____

Name: _____ Title: _____

Soc. Sec. #: _____ Birth Date: _____ Driver's Lic. #: _____

Residence Address: _____ Phone () _____

TRADE REFERENCE (NO LESS THAN 2)

1. Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

3. Name _____ Account # _____ Phone _____

Address _____ City _____ State _____ Zip _____

BANK ACCOUNT INFORMATION

Name _____ Branch _____ Phone _____

Address _____ City _____ State _____ Zip _____

Checking Acct. # _____ Savings Acct. # _____

TERMS AND CONDITIONS

A service charge of 1 1/2% per month (which is 18% per annum) will be added to all accounts 60 days past due. Our terms are Net 30 days. The buyer hereby acknowledges responsibility for payment of all collection costs and/or attorney's fees if legal action is necessary for collection. The buyer authorizes the references herein to give their credit experience to American Supply Co.

Date _____ Signature _____ Title _____

Credit Limit: _____ Approved By: _____ Date: _____