



# Customer Application for Credit



167 W. COCHRAN ST. SIMI VALLEY, CA 93065 - PO BOX 940220, SIMI VALLEY, CA 93094  
Telephone (818) 999 2828 - Fax (818) 226 4125

CUSTOMER NO: \_\_\_\_\_

SALES REP: \_\_\_\_\_

## SOLD TO INFORMATION (Location which places the order for material)

|                                       |                    |  |                                     |  |
|---------------------------------------|--------------------|--|-------------------------------------|--|
| Company Name                          |                    |  | Dunn & Bradstreet Number (if known) |  |
| Street Address                        |                    |  | City                                |  |
| Region (State, Province)              | Postal Code (ZIP)  | Country  | Language (If other than English)    |  |
| PO Box                                | PO Box Postal Code | Deliveries Accepted (days)<br><input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | Receiving Hours                     |  |
| Telephone Number                      |                    | Fax Number   |                                     |  |
| Preferred Carrier (Collect Shipments) | Carrier Account #  | Carrier Contact Telephone  |                                     |  |
| Delivery Instructions                 |                    |  |                                     |  |

## BILLING ADDRESS: (if different from Sold To)

|                          |                   |         |      |  |
|--------------------------|-------------------|---------|------|--|
| Company Name             |                   |         |      |  |
| Street Address           |                   |         | City |  |
| Region (State, Province) | Postal Code (ZIP) | Country |      |  |

## E-MAIL ADDRESS TO SEND INVOICES: (if applicable)

|        |
|--------|
| E-mail |
|--------|

## SHIP TO INFORMATION: (if different from Sold To) (Location where material is shipped)

|                                       |                    |  |                                  |  |
|---------------------------------------|--------------------|--|----------------------------------|--|
| Name                                  |                    |  |                                  |  |
| Street Address                        |                    |  | City                             |  |
| Region (State, Province)              | Postal Code (ZIP)  | Country  | Language (If other than English) |  |
| PO Box                                | PO Box Postal Code | Deliveries Accepted (days)<br><input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 | Receiving Hours                  |  |
| Telephone Number                      |                    | Fax Number   |                                  |  |
| Preferred Carrier (Collect Shipments) | Carrier Account #  | Carrier Contact Telephone  |                                  |  |
| Delivery Instructions                 |                    |  |                                  |  |

## TRADE REFERENCES

| Name | Address | Phone | E-mail |
|------|---------|-------|--------|
|      |         |       |        |
|      |         |       |        |
|      |         |       |        |

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## CONTACT INFORMATION

|  |  |
|--|--|
| Executive Contact <span style="float: right;">Name</span><br><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss |  |
|--|--|

|           |        |
|-----------|--------|
| Telephone | E-mail |
|-----------|--------|

|     |   |
|-----|---|
| Fax | Receive Information <input type="checkbox"/> Yes <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> No |
|-----|---|

## Purchasing Contact

|   |  |
|---|--|
| Purchasing Contact <span style="float: right;">Name</span><br><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss |  |
|---|--|

|           |        |
|-----------|--------|
| Telephone | E-mail |
|-----------|--------|

|     |   |
|-----|---|
| Fax | Receive Information <input type="checkbox"/> Yes <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> No |
|-----|---|

## A/P Contact

|  |  |
|--|--|
| A/P Contact <span style="float: right;">Name</span><br><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss |  |
|--|--|

|           |        |
|-----------|--------|
| Telephone | E-mail |
|-----------|--------|

|     |   |
|-----|---|
| Fax | Receive Information <input type="checkbox"/> Yes <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> No |
|-----|---|

## Receiving Contact

|  |  |
|--|--|
| Receiving Contact <span style="float: right;">Name</span><br><input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss |  |
|--|--|

|           |        |
|-----------|--------|
| Telephone | E-mail |
|-----------|--------|

|     |   |
|-----|---|
| Fax | Receive Information <input type="checkbox"/> Yes <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> No |
|-----|---|

## FINANCIAL INFORMATION

|              |        |
|--------------|--------|
| Name of Bank | Branch |
|--------------|--------|

|           |   |
|-----------|---|
| Telephone | Type of Account<br><input type="checkbox"/> Commerical <input type="checkbox"/> Personal <input type="checkbox"/> Savings <input type="checkbox"/> Loan |
|-----------|---|

|                 |
|-----------------|
| Account Numbers |
|-----------------|

|                |
|----------------|
| Federal Tax ID |
|----------------|

## PERSON FILLING IN FORM

The Applicant hereby requests the above-mentioned bank and trade references to release the requested information regarding the account(s) for the processing of this application for credit. Authorization is hereby given to The Andwin Corporation (henceforth referred to as "AS/ABP"), to investigate the references listed above and any other credit information available to AS/ABP pertaining to Applicant. The undersigned hereby certifies that all of the statements and information contained herein are true and correct and have been supplied for the purpose of inducing AS/ABP to grant the herein applied for credit. The Applicant declares under the penalty of perjury under the laws of California that the information provided in this application is true and accurate to the best of his or her knowledge. The Applicant understands that the information provided will be used for that purpose only and will not disseminate to any other company or party. The Applicant further agrees to be bound by the terms and conditions of this application. The undersigned hereby warrants and represents to AS/ABP that he or she is authorized to enter into this transaction on behalf of Applicant, has authority to bind and obligate Applicant pursuant to the herewith terms and conditions, has read and understands the terms and conditions contained in this application, and agrees to cause Applicant to abide by the same. The warranties and representations made herewith are essential and material provisions of this application; without which AS/ABP could not extend credit to the Applicant.

To the extent Applicant's credit request is approved, the following rules govern the extension of credit to customers of AS/ABP:

1. Standard selling terms are net 30 days from the invoice date. Requests for special terms must be made through AS/ABP's Credit Department. A service charge of 1½% per month (18% per year) will be assessed on all past due accounts.
2. No shipments will be made that will cause an account to exceed the credit limit established by AS/ABP.
3. AS/ABP may request from time to time reasonable evidence of continuing credit worthiness after an account has been opened. Such evidence will usually be in form of annual financial statements, trade references, and bank references, but AS/ABP reserves the right to require additional information in its sole discretion.

4. Changes in the Applicant's business status or structure must be reported promptly to AS/ABP since the original credit Applicant will remain liable for payment for shipments made to a business until such notification is received. Formal notification of changes such as incorporation, changes in ownership or other restructuring that may alter the liability of a customer or its owner must be received in writing and will not be effective until received and approved by AS/ABP.
5. AS/ABP reserves the right to increase or decrease the initial line of credit given Applicant in accordance with, but not limited to, AS/ABP's credit guidelines, Applicant solvency and Applicant's account history. The Applicant consents and authorizes AS/ABP to obtain personal and business credit reports in connection with any change, renewal or review of Applicant's line of credit.
6. In the event of non-payment of obligation due AS/ABP and the institution of collection and legal proceedings, Applicant shall pay any and all collection costs incurred by AS/ABP in collecting amounts owed to AS/ABP including, without limitation, attorney's fees together with court costs and accrued service charges from the date due until the date of final payment.
7. In case of any fee dispute, the parties shall arbitrate the matter under the provisions of the California Business and Professions Code Section 6200(c). The Applicant acknowledges that the venue shall be Ventura County, California. Please be advised that the arbitration award shall be binding on both parties.
8. The Applicant further agrees this agreement shall be interpreted and governed by the laws of the State of California and venue and jurisdiction for any proceeding shall be in the State of California, County of Ventura.

It is hereby agreed that the acceptance of this application by AS/ABP for review and consideration shall not be construed as a commitment or approval by AS/ABP. You will be notified by email of the selling terms and credit line established for your account, if any. All orders will be shipped C.O.D. until the line of credit, if any, has been established by AS/ABP in its sole discretion. The undersigned understands that a personal guarantee may be required to establish an open account. AS/ABP reserves the right to amend the above terms and conditions at its sole discretions.

|           |       |
|-----------|-------|
| Name      | _____ |
| Title     | _____ |
| Date      | _____ |
| Signature | _____ |