

Applying to:	Sacramento  CA	Wester H	Zio Gaide TX
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Date of Application:					L			CA	AZ	TX
Business Name:					Ph:			Fax:		
Delivery Address:										
		Street			City		State		Zip Co	de
Billing Address (if dif	fferent):									
Person in charge of A	Accounts Payable:				Ph:		Fax	<b>:</b>		
Contractors License	No.:		Date Is	ssued:			Bond #:	d #:		
Type of Business:				Date Established:						
Legal Entity:	INDVIDUAL	P.A	ARTNERSHIP [		CORPORATI	ом 🗀	]	LLC 🗆	]	
If a Corporation:										
Federal ID No.:		State	where Incorpor	rated:			Date Incorporated:			
Corporate Officers:	(Please Print)									
Title Name Are sales taxable?										
					If no, Resal	e #:				
								Please Con	nplete Resa	le Card
					Billing ema	nil:				
Have you (or any prir	ncipal) ever filed for	Bankrupto	cy?	If yes, un	der what name:				,Year:	
Assets Owned:	Value	Title in I	Name of		Balance Owed	t	Mortgage C	ompany		
Home:	\$				\$					
Business:	\$				\$					
Other:	\$				\$					
Purchase Orders req	uired?	Perso	Persons authorized to charge:							
Trade References:				<u> </u>						
Company:	Name		Address		City	Ctoto	& Zip Code			
0 1 1	ivairie		•		State	·				
Contact:				Teleph	ione:			Fax:		
Company:	Name		Address		City	State	& Zip Code			
Contoot	Namo		Addicas	Tolonh	-	otato	a zip oodc	For		
Contact:				Teleph	ione:			Fax:		
Company:	Name		Address		Citv.	State	& Zip Code			
Contact:			7.00.000	Teleph	-			Fax:		
Are any of the above	accounts secured?			If so, plea	ase explain:					
Bank Accounts:	Name of Bank		Branch Addres		City, State & Z	<u>Z</u> ip		Account N	lumber	
Business: Personal:										
					<u> </u>			<u> </u>		
Outstanding Loans To Whom	(Please include plea		ccts. Receivabl lance		es, Banks, etc.) ment per Month		How Secur	ed		
70 WHOIH		\$		\$	nonc por monur		now occur			
		\$		\$						
		\$		\$						
Name and address o	f Surety Company	used on jo	bs requiring bo	onds:						

Outstanding Loans (Please include pledging of Accts. Receivable, Mortgages, Banks, etc.) To Whom Payment per Month How Secured Balance \$ \$ Name and address of **Surety Company** used on jobs requiring bonds: Are you liable as surety or endorser for anyone? If so, please explain: Terms: Two percent cash discount (to be figured on amount before tax and freight) tenth prox, net 25th and subject to credit terms on the 26th. I understand that credit will not be granted in excess of regular terms and agree to pay a Service Charge of one and on-half percent (eighteen percent per annum) based on due amounts. Seller reserves the right to require C.O.D. or credit hold on credit accounts that are past due. Returned Goods: Must be (1) in original container, (2) accompanied by original purchase date and invoice number, (3) subject to inspection and (4) subject to restocking charge of 10%. Non-stock material is subject to the manufacturer's return policy. CLAIMS FOR SHORTAGES OR DAMAGED GOODS MUST BE MADE AT TIME OF DELIVERY. I/we agree to pay for all goods, products, materials and / or services provided by Western Blended Products in accordance with the terms stated above. If suit be brought to enforce payment on my/our account, I/we agree to pay such additional sums as Attorney's fees and other costs as the Court may adjudge to be reasonable. This credit application and agreement shall be effective upon acceptance by Western Blended Products, at its office in West Sacramento, California. I/we agree that Yolo County, California will be the venue for any action brought to enforce the terms of this I/we hereby authorize Western Blended Products to investigate my/our credit and authorize my bank to release credit information. Individual: Partnership: Signature of Sole Owner Signature of Partner Social Security No.: Social Security No.: Driver's License No.: Driver's License No.: **Corporation:** Signature of Partner Is this a Limited Liability Corporation (LLC)? Social Security No.: Driver's License No.: Signature of Corporate Officer/ Title Signature of Partner Signature of Corporate Officer/ Title Social Security No.: Driver's License No.:

## PERSONAL UNCONDITIONAL CONTINUING GURANTY

Signed:	Dated:	 Signed:	Dated:	
Name/ Title (Please Print):		Name/ Title (Please Prin	t):	
Date of Birth:	Driver Lic. #:	 Date of Birth:	Driver Lic. #:	
Social Security No.:		Social Security No.:		





Signature of Corporate Officer/ Title