

DESERT INDUSTRIAL GAS

NORTH LAS VEGAS

RIVERSIDE • HESPERIA • LANCASTER • SAN BERNARDINO • VICTORVILLE • MONTCLAIR • SANTA ANA • FONTANA • CORONA

CORPORATION CREDIT APPLICATION

PLEASE COMPLETE AND RETURN ASAP

Account# _____ Date _____

MAIN OFFICE (951) 300-2575
201 N. MAIN ST. Email Completed to:
RIVERSIDE, CA 92501 accounting@cal-tool.com

The following information is being submitted for the purpose of obtaining credit and goods or services sold pursuant to this application shall be on the terms and conditions set forth and this application shall become a part of all future contracts whether written, oral or mixed.

Business Name (COMPLETE LEGAL NAME) _____

BUSINESS ADDRESS _____ CITY _____ ST _____ ZIPCODE _____

BILLING ADDRESS _____ CITY _____ ST _____ ZIPCODE _____

If you have been at this address for less than 5 years please include previous addresses for the last 10 years.

_____ TYPE OF BUSINESS _____

_____ WHEN ESTABLISHED _____

_____ FEDERAL ID# _____

Phone #: _____

NAME AND ADDRESS OF ALL OFFICERS/PARTNERS- INCLUDE YOURSELF IF APPLICABLE:

NAME	HOME ADDRESS	BIRTHDATE	TELEPHONE

TRADE REFERENCES:

NAME	ADDRESS	TELEPHONE	FAX NUMBER

BANK REFERENCE:

BANK _____ BRANCH _____ ACCOUNT # _____

BANK ADDRESS: _____

BANK ACCOUNT IN NAME OF _____ SIGNED BY: _____

TERMS UPON WHICH CREDIT IS GRANTED:

All accounts shall be prepaid unless charge allocations have been established beforehand with credit department. Payment in full for accounts having charge accommodations is due within 25 days of the billing date indicated on the statement. Amounts unpaid within the 25 days are assessed a service charge of 1.5% per month (18% annual rate). Accounts with a balance past due of 25 or more days are subject to credit discontinuance without notice.

In the event that the applicant is not an individual, the signatory or signatories listed below are owners, officers, managing members, or partners of the applicant, are authorized to apply for credit on behalf of the applicant, and it is to their benefit, financial or otherwise, that credit is extended pursuant to this application. Therefore, the signatory or signatories listed below agree to generally guarantee, jointly and severally, the full and faithful performance of the terms and conditions of this Credit Application. In the event of the applicant's default or failure to fully and faithfully perform any of the terms or conditions of this Credit Application, including, without limitation, the applicant's obligation to pay money when due, all such guarantors unconditionally promise to pay all sums then due and unpaid by the applicant.

All payments for goods or services sold pursuant to this application are to be made at the location of the credit, as described in the first paragraph of this application. Said payments are deemed to be performance of the applicant.

I/We agree that should it be necessary for the creditor to instigate any legal proceedings for the collection of any balance due under this account, that the action shall be brought and tried in the Judicial District wherein payments are to be made, and that I/we agree that the court may award reasonable attorney's fees and costs of suit to the prevailing party.

The above information is given by the applicant for the purpose of obtaining credit and is warranted to be true. California Tool & Welding Supply is authorized to investigate the references listed pertaining to the applicant's credit.

Dated: _____ Signed: _____

Maximum Monthly
Credit Desired \$ _____

Name of Person completing profile: _____

The credit applications are credit checked through Experian: is the business name on the top of the form the exact match to your credit information? If not please list that name below: If N/A put N/A.

Billing Address: _____ Zipcode: _____

City: _____

State: _____

Phone : _____

Accounts Payable Name: _____

Email Address: _____

Purchasing Contact Name: _____ Phone: _____

Email Address: _____

Are Purchase Orders Required? Yes No

Are you renting cylinders? Yes No Are Statements required? Yes No

Email address you would like your invoices and statements sent to:

Are the deliveries being made to billing address? Yes No

If NO, please write delivery address here:

What are the hours for delivery location? _____

Contact for deliveries: _____ Phone: _____

Are there any special instructions for deliveries? Put N/A if No

Will someone always be available to sign for deliveries? Yes No

Doesn't
Matter