

H & A mountings

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Credit Application

BUSINESS INFORMATION			DESCRIPTION OF BUSINESS	
NAME OF BUSINESS			CREDIT REQUESTED	BUSINESS YEARS
LEGAL (IF DIFFERENT)			JBT ID NUMBER & RATING (if applicable)	
ADDRESS			BUSINESS STRUCTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> DIVISION / SUBSIDIARY	
CITY	STATE	ZIP	NAME OF PARENT COMPANY	
PHONE ()	FAX ()		_____	
EMAIL ADDRESS			BUSINESS YEARS _____	

COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS			
NAME	TITLE	ADDRESS	PHONE
NAME	TITLE	ADDRESS	PHONE
NAME	TITLE	ADDRESS	PHONE

BANK REFERENCES	
NAME OF BANK	NAME OF CONTACT
BRANCH	ADDRESS
CHECKING ACCOUNT NO.	PHONE NUMBER

TRADE REFERENCES				
FIRM NAME	ADDRESS	CITY, STATE, ZIP	PHONE NUMBER	FAX NUMBER
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			()	()
			()	()
			()	()

CONFIRMATION OF INFORMATION ACCURACY AND PERSONAL GUARRANTY

In consideration of credit extended I/we personally guarantee full and prompt payment according to terms granted of all invoices rendered. All past due indebtedness shall be subject to interest at the maximum rate allowable by law until paid. If my/our account is placed in the hands of attorney for collection, or if collection is made through bankruptcy or probate proceedings, I/we agree to pay a reasonable amount in attorney's fee on both the principal and interest charge. All charges are due and payable in full at 550 S. Hill Street, Suite 763, Los Angeles, CA. 90013. It is agreed that in any legal action, the laws of the State of California shall apply. I/we hereby consent to the personal jurisdiction of the courts of the State of California in any such proceeding and venue shall be proper in Los Angeles county. Notwithstanding billing arrangements, the undersigned accepts personal liability as insurer of the items received and guarantees payment of the purchase price set forth above. I/we agree to furnish financial information or statements as requested. I/we verify that all information supplied is true and correct.

X
 SIGNATURE OF OWNER OR OFFICER

SOCIAL SECURITY NUMBER

DATE