

PLUMBING WHOLESALE OUTLET

520 N. Fair Oaks Ave., Pasadena, CA 91103 Tel: (626) 744-3170 Fax: (626) 744-3175

CREDIT APPLICATION (PLEASE PRINT OR TYPE AND MAIL ORIGINAL)

PAGE 1 of 2

Name of Business:		Date:	
Address:		City:	State: Zip:
Business Telephone:()	Fax:()	Home telephone:()	
Nature of Business:		Date Started:	No. of Employees:
<input type="checkbox"/> Corporation	Federal ID #	Date Incorporated:	
<input type="checkbox"/> Sole Proprietorship, dba		Drivers License #:	
<input type="checkbox"/> Partnership, dba			

TRADE REFERENCE (FOUR LARGEST CREDITORS)

Name	Address	Phone	Fax
1		()	()
2		()	()
3		()	()
4		()	()

Previous Year's Total Purchases: \$

BANK INFORMATION

Bank Name	Address	Acct. #	Phone	Fax
		Checking	()	()
		Savings		

I hereby give approval of release of information from this account. Contact Person at Bank:

OFFICERS OF CORPORATION/NAMES OF PARTNERS

Title	Name	Soc Sec #	Address	Phone
				()
				()
				()
				()

- Sales Tax Status: Taxable Exempt (Exemption Certificate must be attached to this form)
- Have you ever filed bankruptcy? Yes No
- If yes, please give date, state, and filing name: _____
- Does your company use purchase orders? Yes No Do you require job name on orders? Yes No
- Credit Limits: How much credit do you request for this account?
Please state in dollars per month: _____
- Person(s) allowed to charge on this account: _____
- Invoice to be sent to the attention of: _____



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NOTE: All customers agree to adhere to the following terms in event that credit is extended by Plumbing Wholesale Outlet, Inc.

1. Our billing period ends on the 25th of the month. Payment is due by the 10th of the following month with a 2% discount allowed. Any payments made on current bill with past due amounts left unpaid will be net; unless total statement is paid in full. Then only current billing is allowed a 2% discount.
2. Plumbing Wholesale Outlet, Inc. reserves the right to charge 1 1/2% per month service charge on any unpaid balance over 30 days.

The above information is for the purpose of obtaining credit and is warranted to be true.

I/We authorize the person or firm to whom this application is made to investigate the references listed pertaining to my / our credit responsibility. Furthermore, I agree to the terms of sale and return policy of PWO. The above agrees to pay all reasonable costs, collection fees, attorneys' fees and expenses incurred in the event of failure of the applicant to pay all obligations and indebtedness when due. The parties hereto agree that any and all invoices constitute a written contract; further, the parties agree that any goods or materials purchased and invoiced to the purchaser shall be subject to such contract which shall be deemed to have a contract completion date six (6) months from the date of any invoice.

Applicant's signature attests financial responsibility, ability and willingness to pay PWO invoices in accordance with terms stated.

X	Signature: _____	Print name: _____	Title: _____	Date: _____
	Signature: _____	Print name: _____	Title: _____	Date: _____

INDIVIDUAL GUARANTEE OF PAYMENT

The undersigned, hereby being the principal(s) of the above business applicant, in consideration of extending credit to the applicant based upon this application, jointly and severally, individually, unconditionally guarantee(s) payment of any and all present or future obligations and indebtedness which the applicant has incurred or shall incur to the above named company. The undersigned further agrees to pay all reasonable costs, collection fees, attorneys' fees and expenses incurred in the event of failure of applicant to pay all obligations and indebtedness when due. The parties hereto agree that any and all invoices constitute a written contract; further, the parties agree that any goods or materials purchased and invoiced to the purchaser shall be subject to such contract which shall be deemed to have a contract completion date six (6) months from the date of any invoice.

X	Signature: _____	Signature: _____
	Print name: _____	Print name: _____
	Address: _____	Address: _____
	Witness: _____	Witness: _____

Do not write below this line

Approved by _____	Limit _____	Code _____	Type _____
Approved by _____	Tax Status _____	Salesman _____	Date _____

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(Date)

(Customer Name)

(Address)

Due to the tightening of regulations in the divulging of credit information; banks are now requiring written authorization from their depositor for release of any information in regards to their account.

When you return your completed credit application, please sign this authorization for your bank and return it also.

Thank you for your cooperation.

Plumbing Wholesale Outlet, Inc.
Credit Department

Date: _____

I hereby authorize the release of information about my account(s) as necessary for the processing of my credit application with Plumbing Wholesale Outlet, Inc.

Signature: _____

Bank: _____

Account Number(s): _____

GLENDORA 925 W ARROW HWY PH: 626-974-6907 FAX: 626-974-8907 MON-FRI: 7AM - 5PM SAT: 7 AM - 1 PM SUN: CLOSED	POMONA 2100 S RESERVOIR St #B PH: 909-364-1286 FAX: 909-613-1068 MON-FRI: 7AM - 5PM SAT: 7 AM - 1 PM SUN: CLOSED	BREA 262 GEMINI AVE PH: 714-447-6712 FAX: 714-447-8587 MON-FRI: 7AM - 5PM SAT: 7 AM - 1 PM SUN: CLOSED	RANCHO 8729 MONROE CT PH: 909-483-1830 FAX: 909-483-1831 MON-FRI: 7AM - 5PM SAT: 7 AM - 1 PM SUN: CLOSED	PASADENA 516 N FAIR OAKS AVE PH: 626-796-3871 FAX: 626-796-3872 MON-FRI: 7AM - 5PM SAT: 7 AM - 1 PM SUN: CLOSED	BURBANK 2112 W BURBANK BLVD PH: 818-566-9740 FAX: 818-566-9741 MON-FRI: 7AM - 5PM SAT: 7 AM - 1 PM SUN: CLOSED	ALHAMBRA 17 N FIRST ST., PH: 626-237-0700 FAX: 626-281-7601 MON-FRI: 7AM - 7PM SAT: 7 AM - 4 PM SUN: 7 AM - 12 PM
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