

Peninsula Welding & Medical Supply, Inc.

785 Harcourt Avenue • Seaside, CA 93955

Phone: (831) 899-2366 • Toll Free: 1-800-400-2366 • Fax: (831) 899-4219

penweld@pacbell.net • peninsulawelding.com

BUSINESS ACCOUNT CREDIT APPLICATION

BUSINESS NAME					
PHONE	EMAIL		FAX		
STREET ADDRESS		CITY	STATE	ZIP	HOW LONG
MAILING ADDRESS (if different than above)		CITY	STATE	ZIP	FEDERAL TAX ID NO.
OWNER'S NAME (First, Middle, Last)		SOC SEC NO		DRIVER'S LIC NO.	
STREET ADDRESS		CITY	STATE	ZIP	PHONE FAX
INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/>		WHEN INCORPORATED _____		YEARS IN BUSINESS _____	
PRINCIPAL(S) NAME & ADDRESS (1)		CITY	STATE	ZIP	PHONE FAX
NAME & ADDRESS (2)		CITY	STATE	ZIP	PHONE FAX
BANK NAME		BANK OFFICER			PHONE FAX
BRANCH ADDRESS					
BUSINESS REFERENCE(S) NAME & ADDRESS (1)		CITY	STATE	ZIP	PHONE FAX
NAME & ADDRESS (2)		CITY	STATE	ZIP	PHONE FAX
NAME & ADDRESS (3)		CITY	STATE	ZIP	PHONE FAX

PERSONAL GUARANTEE:

The undersigned, for consideration do hereby individually and personally guarantee the full and prompt payment of all indebtedness heretofore or hereafter incurred by the above business this guarantee shall not be affected by the amount of credit extended or any change in the form of said indebtedness. Notice of the acceptance of this guarantee, extension of credit, modification in terms of payment, and any right or demand to proceed against the principal debtor is hereby waived. This guarantee may only be revoked by written notice which shall be sent to the creditor's credit office by certified mail. Any revocation does not revoke the obligation of the guarantor to provide payment for indebtedness incurred prior to the revocation. I authorize the seller and their assigns to obtain a consumer credit report and to contact my references as necessary as guarantor.

Guarantor's Name _____ Signature _____

Address _____ City _____ State/Zip _____

Date _____ Tax ID or SSN _____

TERMS:

Total amount billed is due by the 10th of the month. After the 30th of the month a finance charge of one and one-half percent (1 1/2%) per month or eighteen percent (18%) per year will be charged on the balance. Sixty (60) day overdue accounts are subject to closure.

The undersigned certifies that all the information on this form is correct; and I/we fully understand your credit terms and agree to the proper payment in consideration of extended credit.

The undersigned hereby authorizes the above named bank(s) or other reference(s) to release such information as necessary to establish credit.

The undersigned hereby authorizes Peninsula Welding & Medical Supply, Inc. to obtain a current credit report in connection with a review of this application.

SIGNED _____ TITLE _____ DATE _____

FOR OFFICE USE ONLY

RefCk by: _____ Date: _____

Credit Limit: _____ Territory: _____ Account # _____