

**CREDIT APPLICATION AND AGREEMENT**

*S M Sales*

17524 W. Sierra Hwy

Santa Clarita, CA 91351

Tel. 661.252-4735 Fax 661.299-1547

CORPORATION OR BUSINESS NAME \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_

Years in Business \_\_\_\_\_ (if less than one year) Previous Business Name & Address \_\_\_\_\_

Does company own real property? No \_\_\_ Yes \_\_\_ Address \_\_\_\_\_

**OFFICERS AND/OR INTERESTED PARTIES**

\_\_\_\_\_  
FULL NAME TITLE HOME ADDRESS SOC SECURITY

\_\_\_\_\_  
FULL NAME TITLE HOME ADDRESS SOC SECURITY

\_\_\_\_\_  
FULL NAME TITLE HOME ADDRESS SOC SECURITY

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Type of Account (s): Checking \_\_\_\_\_ Savings \_\_\_\_\_ Account No. \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Manager or Responsible Party \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

**TRADE REFERENCES**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

THE ABOVE INFORMATION IS SUBMITTED FOR THE PURPOSE OF OBTAINING CREDIT AND IS CERTIFIED TO BE TRUE AND CORRECT. SM SALES IS AUTHORIZED TO INVESTIGATE REFERENCES PERTAINING TO OUR CREDIT AND FINANCIAL RESPONSIBILITY. WE AUTHORIZE THE RELEASE OF CREDIT INFORMATION, INCLUDING BANKING REFERENCES, FOR THE PURPOSE OF OBTAINING CREDIT WITH SM SALES PAST DUE ACCOUNTS ARE SUBJECT TO A SERVICE CHARGE 1 1/2% PER MONTH, 18% PER ANNUM OR THE MAXIMUM PERMITTED BY LAW.

\_\_\_\_\_  
DATE <sup>X</sup> SIGNATURE CORPORATION TITLE

WE, THE UNDERSIGNED, HEREBY JOINTLY AND SEVERALLY GUARANTEE FULL PAYMENT OF THIS ACCOUNT ON DEMAND AND IN ACORDANCE WITH ITS TERMS, UNTIL AND UNLESS REVOKED IN WRITING. SUCH NOTICE SHALL NOT IN ANY WAY RELIEVE THE UNDERSIGNED FROM ANY INDEBTEDNESS OR LIABILITY INCURRED PRIOR TO THE ACTUAL RECEIPT BY SELLER OF SUCH NOTIVE OF REVOCATION BY CERTIFIED MAIL/RETURN RECEIPT REQUESTED.

\_\_\_\_\_  
DATE <sup>X</sup> (PERSONALLY AND INDIVIDUALLY) DATE <sup>X</sup> (PERSONALLY AND INDIVIDUALLY)