

Application for credit to:



Date _____

I/WE herein make application for credit and/or to update and reconfirm our existing account and balance. Applicant/s give their permission to the above, or its agent, to verify the information stated herein. If credit is granted, I/WE promise to pay all bills rendered.

ANSWER ALL QUESTIONS

Company Name _____ Partnership _____ Proprietorship _____ Incorporated _____
Is Company Resale _____ No _____ Yes If yes, attach resale card

Business Name _____ Federal ID# _____ State Resale# _____

Address _____ City _____ State _____ Zip _____ Type of Business _____

Delivery Address _____

Years in Business _____ If less than one year Previous Business Name & Address _____

Phone (____) _____ Fax (____) _____ E-mail _____

Does company own real property _____ no _____ yes Address _____

LIST ALL BANK ACCOUNTS AND PHONE NUMBERS

Co. Bank _____ Acct.# _____ St. _____ Phone (____) _____

Co. Bank _____ Acct.# _____ St. _____ Phone (____) _____

COMPANY SUPPLIERS

Name _____ City _____ St. _____ Phone (____) _____ Contact _____

Name _____ City _____ St. _____ Phone (____) _____ Contact _____

Name _____ City _____ St. _____ Phone (____) _____ Contact _____

PRINCIPALS OF COMPANY

Name _____ SS# _____ Title _____

Home address _____ City _____ St. _____ Zip _____ Own _____ Rent _____

Name _____ SS# _____ Title _____

Home address _____ City _____ St. _____ Zip _____ Own _____ Rent _____

DEFAULT AGREEMENT

In the event payment is not made and this account is referred to collection 30/60 days after payment is due, I/We will pay cost of collection equal to a minimum amount of twenty-five percent of the principal amount, or legal collection agency fees for collection in the amount of \$155/hr + costs solely at Vendors discretion. Costs include such things as filing fees, service of process fees, investigative fees, copying, postage etc. I/We understand interest on any unpaid balance will be charged at the rate of 1.5% per month. If suit or action by an attorney is instituted, I/We promise to pay twenty-five percent attorney fees in said suit action. It is understood that all billings of accounts receivable and credit are processed through offices in Maricopa, AZ or San Diego, CA. It is understood that in the event of a suit or action, that Maricopa County, AZ /or San Diego, CA are the venues for litigation. I/We understand that I/We are waving our right to litigate outside of Maricopa County, AZ /or San Diego, CA. We further covenant and agree, if in your absolute discretion, if suit or litigation is filed, that the Superior Court or Northwest Judicial District of Maricopa County, AZ /or San Diego, CA retains both in rem and in personam jurisdiction over us and all our assets.

Signed by X _____ Title _____ Date _____

Please SIGN and PRINT name above. NOTE: Signature Must be Owner, Partner, or Officer

I/WE undersigned agree to guarantee payment of all sums due and owing. I/WE understand that venue is as stated above and that this continuing guarantee shall not be revoked except by written notice to the above credit gantor.

Guarantor X _____ Guarantor X _____

Signature: Witness/Agent of VOLTEC CO. _____