

50 Oak Court, Suite 210 Danville, CA 94526 ~ Phone (925) 831-9800 ~ Fax (925) 831-9183

CREDIT APPLICATION

Date	Minimum credit applied for \$				
D & B Number	Federal Tax	Federal Tax I.D. Number			
Name of Firm	Pl	hone #	Fax #		
Business Street Address					
Billing Address					
City		State	Zip Code _		
Type of Business					
Name of Officers/Owne	rs of Firm				
<u>Name</u>	<u>Title</u>	<u>Home Addres</u>	_	<u>Phone</u>	
Year Established	Form of Business: P	roprietorship	Partnership	Corporation	
Authorized Purchasing	Agent	Cell	Email		
Accounts Payable Contact		Phone			
Accounts Payable E-Ma	iil				
Sales Tax Exemption?	Yes No	(If yes, please	attach Tax Exempt	ion Certificate.)	
Bank Affiliation	_	Account Number			
Bank Telephone No.		Bank Officer			
Business References: (0	Give references that extend	a line of credit s	imilar to what is cur	rently requested.)	
Phone		# Fax #			
Phone		e #	Fax #		
3.	Phon	e #	Fax #		
		ENT TERMS S FROM INVO	ICE		
request of Applicant by Kleen Bla invoice for said items, whichever i understands that past due accounts the Applicant agrees to pay all cos carefully read and that the Applica	ed for the purpose of obtaining credit fr st within thirty (30) days from date of is greater. All accounts are due and pa s are subject to a "credit hold" status an sts incurred, including a reasonable atto ant understands the same.	Kleen Blast's invoice of yable at the remittance and C.O.D. terms for all forney's fee. The undersign	within the time established address shown on the Kleen uture purchases. Should coll gned warrants that the above	on the face of Kleen Blast's Blast invoice. The Applicant lection become necessary, e agreement has been	
Approant audionzes Ricell Di	and to obtain credit and imalicial i	mormation concerns	ng the rippheant at any t	mic and from any source.	
Authorized Signature			Title		
Printed Name		Date			