



Remittance Address:
416 N 9TH Street
Modesto, CA 95350

APPLICATION FOR CREDIT

Modesto 209.523.3002 FAX 209.523.1923
Fresno 559.498.6204 FAX 559.444.0580
Bakersfield 661.587.5055 FAX 661.587.5037
Reno 775.356.8970 FAX 775.356.8976

Company Name: _____ Date established: _____

Billing address: _____

Delivery address: _____

Telephone: _____ Fax: _____

Contact person: _____ E-mail: _____

Federal tax ID no.: _____ California resale #: _____

Sole proprietorship Partnership Corporation Limited Liability Company

Financial information

Bank: _____ Branch: _____

Address: _____ Type of acct.: _____

Contact: _____ Telephone #: _____

Owner's, Partners', Officers' Personal Information

Name: _____ Title: _____

Home address: _____

City: _____ State and ZIP: _____

Social security #: _____ Driver's license #: _____

Please provide two or more credit references (include your principal suppliers):

Name: _____

Address: _____

City: _____ State and ZIP: _____

Contact: _____ Telephone: _____

Acct. no.: _____ Credit limit: _____ Current balance: _____

Fax Number: _____

Name: _____

Address: _____

City: _____ State and ZIP: _____

Contact: _____ Telephone: _____

Acct. no.: _____ Credit limit: _____ Current balance: _____

Fax Number: _____

Credit limit requested: _____ Average monthly sales: _____

Please provide any other information you would like us to consider in establishing a credit limit: _____



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TERMS AND CONDITIONS

Prices: Prices quoted are in effect at time of shipment, and are subject to change without notice. Firm price quotations will be supplied on request, subject to conditions stated at time of quotation.

Late Charge: A charge of 1 ½ % per month (18 % per year) will be added to all past due accounts. The charge will be calculated on the unpaid balance, including any previous late charges remaining unpaid.

Return freight: All credit for defective merchandise is subject to manufacturer's approval.

Damage/Shortage Claims: Claims for damages or shortages, whether concealed or obvious, must be made to **Central Sanitary Supply Inc.** within 10 days of your receipt of shipment. Any quantity discrepancy and/or damage to carton or contents should be noted on the delivery receipt before you sign. Please have invoice available for reference when reporting your claim.

Warranties: **Central Sanitary Supply Inc.** makes no warranties, express or implied, including any warranty of merchantability or fitness. We disclaim responsibility for any labor charges, improper installation or diagnosis, or consequential damages.

Title/Security: Title to the merchandise, equipment, or services invoiced hereon shall pass to the purchaser only upon full payment of this invoice. The transaction for purposes of collection occurs in Modesto, CA. Purchaser grants **Central Sanitary Supply Inc.** a security interest in all merchandise and equipment SOLD TO purchaser and all other items in the possession of purchaser whether purchased from central sanitary or not, and the proceeds thereof, to ensure full payment of all invoices.

Collection Costs: Purchaser agrees to pay all collection costs, including reasonable attorney's fees, incurred by **Central Sanitary Supply Inc.** in collecting the amount of this invoice or in enforcing any of the other terms of this invoice.

No Waiver of Terms: **Central Sanitary Supply Inc.** may at any time insist upon strict compliance with these terms and conditions, notwithstanding any previous custom, practice, or course of dealing to the contrary.

On behalf of the company named, I apply to **Central Sanitary Supply Inc.** for an account authorizing sales on credit, and agree to these terms. I give **Central Sanitary Supply Inc.** permission to contact the persons named above, and any other persons, for the purpose of obtaining credit information on my company. The information given above is correct and accurate.

Company name _____
Date: _____
Signature: _____
print name: _____
Title: _____

For Central Sanitary Supply Inc. use only:

- Approved at \$ _____ credit limit.
- Declined

Comments: _____

