

**Credit Application Form**

Company Name: \_\_\_\_\_

Address : \_\_\_\_\_

Tel No : \_\_\_\_\_ Fax: \_\_\_\_\_ Web site: \_\_\_\_\_

Type of Ownership: ☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Partnership

Federal Tax I.D. No: \_\_\_\_\_ Reseller Permit No. \_\_\_\_\_

Dun and Bradstreet No: \_\_\_\_\_ Annual Sales Volume: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Length of Time at Present Location: \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

Credit Line Desired: \_\_\_\_\_ Facility: ☐ Own ☐ Lease \_\_\_\_\_ Sq/ft No of Employees: \_\_\_\_\_

Owner: \_\_\_\_\_ CEO/CFO: \_\_\_\_\_

Authorized Purchaser: \_\_\_\_\_ Accounts Payable: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Bank Reference**

Name of Bank: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Account No: \_\_\_\_\_ Account Type: ☐ Checking ☐ Saving ☐ Loan Date Opened: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Account No: \_\_\_\_\_ Account Type: ☐ Checking ☐ Saving ☐ Loan Date Opened: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Account No: \_\_\_\_\_ Account Type: ☐ Checking ☐ Saving ☐ Loan Date Opened: \_\_\_\_\_

Address: \_\_\_\_\_

**Trade References**

1. Company Name: \_\_\_\_\_ A/C No: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ A/C No: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ A/C No. \_\_\_\_\_ Contact Person: \_\_\_\_\_

Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Company Name: \_\_\_\_\_ A/C No. \_\_\_\_\_ Contact Person: \_\_\_\_\_

Terms: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Authorization for Credit Release**

This is to confirm that \_\_\_\_\_ is applying for credit with **APEVIA CORP.** and this serves to give **APEVIA CORP.** the right to contact our bank and provide **APEVIA CORP.** with the necessary information pertinent to our application.

**1. COMPANY INFORMATION:**

Company Legal Name \_\_\_\_\_  
DBA of \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Website: \_\_\_\_\_

Please provide the signature that appear on the bank signature card:

**Authorized Signature** : **x** \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**2. BANK INFORMATION**

Bank Name: \_\_\_\_\_ Account No: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Officer: \_\_\_\_\_ Title: \_\_\_\_\_

**FOR BANK USE ONLY:**

The above captioned company has applied for a credit with us. We appreciate your assistance in providing the following information. The information provided is for internal use only and will be kept strictly confidential. Thank you for your corporation.

**CHECKING****SAVING****OTHER**

Open Date	_____	_____	_____
Avg. Balance	_____	_____	_____
Current Balance	_____	_____	_____
No. of NSFS	_____	_____	_____
Account Rating	_____	_____	_____ + _____

Credit Line: \_\_\_\_\_ Yes \_\_\_\_\_ no      Secured: \_\_\_\_\_ yes \_\_\_\_\_ no  
Credit Limit: \_\_\_\_\_  
Maturity Date: \_\_\_\_\_  
Current balance: \_\_\_\_\_  
Comments: \_\_\_\_\_ -- \_\_\_\_\_  
General Rating : [ ] Satisfactory    [ ] Unsatisfactory

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

I/We understand that the information provided is for the purpose of opening an account with Apevia Corporation and warrant that the information provided is true and correct. I/We authorize investigation of all credit references listed. All related terms and conditions are defined in our invoice. I/We further understand and agree that all accounts or money due to Apevia Corporation shall be paid in accordance with the payment terms stated above and I/We agree to pay all reasonable costs of collection costs which are no less than 35% of the unpaid principle plus interest in addition to any court costs and/or attorney fees incurred.

\_\_\_\_\_  
Authorized Signature\_\_\_\_\_  
Title (President/CEO/CFO)\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Date

## Personal Guarantee

The undersigned, for value received, hereby unconditionally guarantee(s) to Apevia Corporation, a California corporation, full payment of all sums due and owing, pursuant to the terms indicated. The undersigned further guarantee(s) all renewals, extension, additions thereof. The undersigned agrees(s) to pay \$25.00 fee for each returned check and authorize(s) that the fee and the check amount can be electronically collected. The undersigned further agree(s), in the event legal action is instituted to enforce collection, to pay reasonable attorney's fees and costs for such legal action. The undersigned also agree(s) to submit to legal jurisdiction in the county of Los Angeles of California. Upon payment in full of any invoices, this guarantee will remain in effect and will apply to any and all purchases made thereafter.

\_\_\_\_\_  
Guarantor (President / Owner only)\_\_\_\_\_  
Signature of Guarantor\_\_\_\_\_  
Date\_\_\_\_\_  
Social Security No.\_\_\_\_\_  
Driver's License No.\_\_\_\_\_  
Date of Birth

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(Name of Purchaser)

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(Address of Purchaser)

I hereby certify: That I hold valid Seller's Permit No. \_\_\_\_\_ issued pursuant to the Sales and Use Tax Law: that I am engaged in the business of selling:

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that the tangible personal property described herein which I shall purchase from:

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will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property. Description of property to be purchased:

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Date: \_\_\_\_\_ 20 \_\_\_\_\_  
(Printed name of Purchaser or Authorized Agent, and Title)

Phone (    ) \_\_\_\_\_  
(Signature)

**Note : Please fax a copy of your reseller's permit together with this form to (909)718-0889.**