



Credit Application

Please complete all items or application will be delayed.

General Information:

Type of Company: _____ Estimated Credit: _____ per mo.

Company Name: _____

Street Address (no PO box): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ FAX Number: _____

E-Mail Address: _____

Parent Company (if subsidiary): _____

Name of Contractor License Holder _____

License Number _____ Class _____

What Type of Business? Sole Proprietor: [] Partnership: [] Corporation: []

Do you require a Purchase Order ? Yes [] No []

If you use Job Accounts, do you want a separate statement for each job? Yes [] No []

Principals/Partners Information:

State of Incorporation: _____ Date of Incorporation: _____

Names/ Addresses of Owners/Principles:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Drivers License # _____

Soc Sec # _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Home Telephone: _____ Business Telephone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Drivers License # _____

Soc Sec # _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Home Telephone: _____ Business Telephone: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Title: _____ Drivers License # _____

Soc Sec # _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Home Telephone: _____ Business Telephone: _____

Tax Payer ID Number: _____

Taxable: Yes No (if no please provide resale number) Resale Number _____

Trade References: (Must be at least 3 or attach your own sheet)

Name: _____ Telephone: _____ Fax: _____

City: _____ State: _____ Contact Name: _____

Name: _____ Telephone: _____ Fax: _____

City: _____ State: _____ Contact Name: _____

Name: _____ Telephone: _____ Fax: _____

City: _____ State: _____ Contact Name: _____

Have you ever done business with Smardan-Supply previously? Yes No

If yes, please list the name _____

Has applicant or any Principal thereof ever filed for bankruptcy? Yes No If yes, attach sheet giving full And complete details.

Bank References:

Bank Name _____

Address _____ Contact Officer _____

Account Number _____ Checking Savings Money Market

Account Number _____ Checking Savings Money Market

Please complete application and mail or fax to the primary location you will be making your purchases through. You can obtain those addresses at www.smardan.com and selecting the “locations” tab.

Although you may order from any branch, please check the branch you will be placing the majority of your orders with.

- 1. Santa Barbara Fax: 805-966-3586
- 2. Gardena Fax: 310-532-2567
- 3. Fountain Valley Fax: 714-545-3496
- 4. San Luis Obispo Fax: 805-543-0810
- 5. Burbank Fax: 818-955-8248
- 6. South El Monte Fax: 626-448-3758

Terms and Conditions

Terms of Sale: Our standard terms are Net 30 days. A finance charge of 1-1/2% per month and an **annual percentage rate** of 18% charged on all past due (over 30 days) accounts.

Personal Guarantee – In consideration of Smardan Supply extending credit hereunder, the undersigned personally, jointly and severally and unconditionally guarantee and promise to pay Smardan Supply on demand, any and all indebtedness of the above named applicant to Smardan Supply. This is a continuing guarantee and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between Smardan Supply and above named applicant, save that of payment. This guarantee shall continue in effect until the undersigned has notified Smardan Supply in writing of its cancellation, but such cancellation shall not alter any obligation of the undersigned prior to such written notice.

Note: In the event that Smardan Supply offers extension of credit to the above named credit applicant and/or guarantors on the above terms or in any other terms agreed on by said credit applicant and Smardan Supply, said extension of credit is issued pursuant to the information and financial representations made herein by said applicant and/or said guarantors.

COLLECTION, VENUE, AND JURISDICTION – applicant and Personal Guarantor(s) agree(s) to pay any and all actual costs of collection, including attorney’s fees and court costs incurred in the collection of the sums due hereunder, if necessary for collection of applicant’s account with Smardan Supply.

This agreement is governed by the laws of the state in which the Smardan-Supply credit office accepting this application is located, as indicated on the face of this application. In California, venue for any legal action is expressly agreed hereunder to be proper Counties of Orange, Los Angeles, Santa Barbara, or San Luis Obispo, California, as Smardan Supply exclusively deems proper. In all other states, venue for any legal action shall be in the County chosen by Smardan Supply in it’s sole and exclusive discretion. Applicant and Personal Guarantor(s) hereby expressly waive(s) any venue objection and consent to the venue and jurisdiction as selected by Smardan Supply.

Signature: _____

Title: _____

Print Name: _____

Date: _____