

**Squires-Belt Material Company • PO Box 152047 San Diego, CA 92102 • Fax (619) 266-6111**  
**Confidential Business Credit Application**

Company Name \_\_\_\_\_ Billing Address (If different)  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ City, State Zip \_\_\_\_\_  
 Phone (\_\_\_\_) - \_\_\_\_\_ Would you like to receive monthly statements? Yes No  
 Fax (\_\_\_\_) - \_\_\_\_\_ Do you require an authorized purchaser list? Yes No  
 If Yes, List Names of Authorized Purchasers \_\_\_\_\_

Sole Proprietorship\_\_ Partnership\_\_ Corporation\_\_ Other be specific \_\_\_\_\_

Date Started in Business \_\_\_\_\_ Principle or Officers  
 Date Incorporated \_\_\_\_\_ Name/Title \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ -  
 State Incorporated \_\_\_\_\_ Name/Title \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ -

**Trade and Bank References**

Company Name	Full Address & Zip	Phone	Contact
_____	_____	_____	_____
_____	_____	_____	_____

Bank Name	Full Address & Zip	Phone	Contact
_____	_____	_____	_____

Is a financial statement available?	Yes ___ No ___	If no, is a copy of your tax return available? _____
Have you ever filed for bankruptcy?	Yes ___ No ___	If yes, date filed _____
Are you a licensed contractor?	Yes ___ No ___	If yes, license number _____
Should sales tax be charged?	Yes ___ No ___	If no, resale number _____
Do you require a purchase order?	Yes ___ No ___	
Are you bonded?	Yes ___ No ___	If yes, name of bonding co and address _____
Estimated annual purchases _____		U.C.C. filing? _____

Express permission is hereby granted to verify the above information which is furnished for the sole purpose of establishing a credit account and such information may be relied on for that purpose.

I understand that if litigation becomes necessary, that the venue for the litigation will be within the County of San Diego, in the State of California.

I understand that all invoices are due and payable according to our terms 2% 10<sup>th</sup>, Net 25<sup>th</sup> from the date of delivery and that any invoice or portion thereof remaining unpaid after the terms stated above are subject to a late fee of 1 1/2% per month (18% per annum). I agree to pay all seller's cost(s) of collection thereunder, including attorney fees and legal costs.

Full Name of firm \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that a signed faxed copy of this form will be construed as an original form of this document.

Personal guarantee: I personally guarantee payment of the above-named account and agree to be bounded by the terms and conditions of sale so noted above. This is a continuing guarantee and should remain until the guarantors serve a written notice of revocation.

Signature of Guarantor \_\_\_\_\_ Home address \_\_\_\_\_

Date \_\_\_\_\_

Return to : Credit Dept. PO Box 152047, San Diego, CA 92102 or Fax to (619) 266-6111

# CLIENT RELEASE AUTHORIZATION FORM

## For use of Consumer Credit Report

I hereby authorize SQUIRES-BELT MATERIAL COMPANY to obtain copies of my consumer credit report(s) solely for the purpose of considering the establishment or review of a business account.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Spouse's  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, CA Zip \_\_\_\_\_

Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse's  
Signature \_\_\_\_\_ Date \_\_\_\_\_