**To be considered for credit, the company applying must have favorable references and fill out our credit application completely. This must include an authorized signature, guaranteeing payment.**

**Business Information: □** Corporation **□** Partnership **□** Sole Proprietorship **□** LLC

Number of years in business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of stores:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Trade Name: |   | dba: |   |
| Address: | City: | State: | Zip: |
| Telephone: ( ) |   | Fax: ( ) | Email Address: |
| Owner: |   | Accounts Payable Contact: |
| (Please Send Copy) |  |  |   |
| Tax ID#: | Fed State | Sales Tax Exemption#: | SS#: |
| SHIP TO NAME AND ADDRESS (If different than above): |   |
| Address: | City: | State: | Zip: |

**Bank References:**

**Bank Name: Account#:**

Address: City: State: Zip:

Contact Person: Phone: Fax:

**Trade** **References:**

1. **Company Name: Account#:**

Address: City: State: Zip:

Contact Person: Phone: Fax:

1. **Company Name: Account#:**

Address: City: State: Zip:

Contact Person: Phone: Fax:

1. **Company Name: Account#:**

Address: City: State: Zip:

Contact Person: Phone: Fax:

**I specifically authorize the aforementioned BANK to release information to Beachcombers Coastal Life, concerning our CHECKING, SAVINGS AND LOAN ACCOUNTS. Furthermore, I specifically authorize the aforementioned TRADE REFERENCES to release information concerning our business relationship. Individual also agrees to pay service charges of 1.5% per month in the event the account becomes past due in accordance with the term of sale. Applicant agrees to pay all fees and collection cost in the event this account is placed for collection. All accounts are reported to the National Credit Bureaus.**

**Should this account become delinquent and require that a civil suite be filed to collect debt, then venue shall always be within the county of Solano, State of California. The prevailing party would be entitled to attorney fees as well as all costs associated with the collection of the debt. Pre-judgment interest shall accrue at a rate of 18% per annum.**

**I hearby authorized the person of firm to who this order is made, any credit bureau or their investigative agency employed by such person to check my credit and financial responsibility. Signature binds applicant to personally guarantee payment of balance due.**

**Name: Title:**

**Signature: Date:**

**Method of Payment: □** Net 30 **□** Prepaid **□** Credit Card#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Exp:\_\_\_\_\_\_\_\_\_\_\_