

AGREEMENT AND APPLICATION FOR CREDIT

For the purpose of obtaining merchandise from West Coast Laminating (seller), the following statement is made by the Applicant intending that the seller should rely on same as correct:

BUSINESS INFORMATION

Name:	
DBA:	
Website address:	
Billing Information	Shipping Information (if different than billing)
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: Fax:	Phone: Fax:

Business Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Other _____	
Type of Business: _____ Year established: _____	
State of Incorporation: _____	# of Employees: _____
Contractors License #: _____ State: _____	Resale Certificate ? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes please attach)
Are financial statements available ? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Enclosed	
Have you ever filed for bankruptcy ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when ? _____ Chapter _____	
Gross Income last year: \$ _____	Last year's net profit : \$ _____
Business property: <input type="checkbox"/> owned <input type="checkbox"/> leased	Monthly payment: \$ _____
Business property Address: _____ City: _____ State: _____ Zip: _____	

CONTACT INFORMATION

Owner / Principal:	Phone:	Email:
Purchasing:	Phone:	Email:
Accounts Payable:	Phone:	Email:
Purchase Order Required ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Name Required ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Invoices/Statements: U.S.Mail <input type="checkbox"/> Email to: _____ Fax to: _____		

BANK INFORMATION

Bank:	Routing #:
Address:	Checking Account #:
City: State: Zip:	Savings Account #:
Phone: Fax:	Contact:

TRADE REFERENCES

Vendor Name:	Vendor Name:
Account #:	Account #:
Phone: Fax:	Phone: Fax:
Vendor Name:	Vendor Name:
Account #:	Account #:
Phone: Fax:	Phone: Fax:

AGREEMENT AND APPLICATION FOR CREDIT - (cont'd)

OWNERSHIP INFORMATION (attach additional sheet if space is needed)

Name:	Name:
SS #:	SS #:
Title:	Title:
Address:	Address:
City: State: Zip:	City: State: Zip:
Phone: Email:	Phone: Email:

Personal property: ___ owned ___ leased	Personal property: ___ owned ___ leased
Address:	Address:
City: State: Zip:	City: State: Zip:
Monthly payment: \$ _____	Monthly payment: \$ _____

AGREEMENT

The Applicant authorizes the use of a facsimile of this document as a verification of release of information by references to the seller. Applicant further agrees that this Agreement may be executed by means of a telecopier or fax signature. It shall be effective, valid and enforceable as if it was an original signature. Applicant agrees to pay for all goods purchased in compliance with the prevailing terms of the Seller. It is further understood that all past due accounts will bear a service charge not to exceed 1 1/2% per month or 18% per annum on any delinquent accounts. Applicant agrees to pay all expenses including but not limited to collection fees and/or reasonable attorney fees incurred by Seller in the collection of any charges due. Seller expressly excludes and disclaims all warranties, expressed or implied including, without limitation any implied warranty of merchantability or fitness for a particular purpose. Seller's liability is limited under any and all circumstances to the purchase price and under no circumstances will Seller be liable for any incident or consequential damages, or for any loss, damage or expense of any kind including loss of profits, arising in connection with this contract or with the use or inability to use any product furnished or to be furnished by Seller. Applicant(s) gives unconditional consent to have personal consumer credit report(s) obtained and used by Seller in connection with this application for credit. Venue: This agreement is deemed to have been entered into the County of Orange, California, and Applicant consents to jurisdiction and venue in any court selected by Seller in the State of California.

_____	_____	_____
Print Name	Owner/Officer Signature	Date
_____	_____	_____
Print Name	Owner/Officer Signature	Date

CONTINUING PERSONAL GUARANTEE

In return for the extension of credit the undersigned hereby jointly and severally personally guarantees to pay and be responsible for payment of all amounts due Seller by Applicant, including collection charges and/or reasonable attorney's fees. This shall be an open and continuing guarantee notwithstanding any changes, removals, extensions or the like granted by Seller. The undersigned hereby waives notice of default or non-payment. Seller shall be entitled to look to the undersigned for full payment without prior demand, notice or seeking recourse against any other party. Guarantor(s) expressly waives any right it may have to require Seller to pursue any right of recovery against Buyer or to exhaust any security prior to seeking recovery from Guarantor(s). Both Applicant and Guarantor(s) give their unconditional consent to have their personal consumer credit report(s) obtained and used by Seller in connection with this application for credit. This Continuing Personal Guarantee shall be applicable to all obligations of Applicant to Seller, and to any obligation due by Applicant to any subsidiary or affiliate of Seller, including without limitation, E.B. Bradley Co. and/or West Coast Laminating LLC.

_____	_____	_____
Print Name	Owner/Officer Signature	Date
_____	_____	_____
Print Name	Owner/Officer Signature	Date