

APPLICATION FOR CREDIT

Commercial Account



11060 W. Pico Blvd., Los Angeles, CA 90064
 Ph: (310) 479-9134 ext. 102 Fax: (310) 473-7418

| | | | | | | |
|----------------------------|--|--------|---------------------------|-----------------|-------------------|--------|
| COMPANY INFORMATION | Company Name (DBA) | | | | | |
| | Company Address | | City | State | Zip | |
| | Billing Address | | City | State | Zip | |
| | Phone: | | Fax: | | Cell: | |
| | Driver's Lic # | State: | Date of Birth: | E-mail Address: | | |
| | Individual Ownership Name | | | | Soc. Sec. # | |
| | Corporation: State and Year Incorporated | | | Fed. Tax I.D. # | | |
| | President | | Vice President | | Secretary | |
| | Kind of Business | | Cont. Lic. # | | Years in Business | |
| | Home Address (Individual) | | | City | Zip | Phone: |
| | Rent | Own | Mortgage (amount/payment) | | Bank | |

Estimated amount of monthly purchases: \$ _____

| | | |
|-----------------|-----------------|----------------------------|
| Bank Name _____ | Phone _____ | Checking Account No. _____ |
| Address _____ | Fax _____ | Checking Account No. _____ |
| _____ | City, Zip _____ | |

| CREDIT HISTORY | | | |
|---|----------|-------------|-----------|
| Trade References: (Must have four references) | | | |
| Name: | Address: | Phone / Fax | Account # |
| | | Ph: Fx: | |
| | | Ph: Fx: | |
| | | Ph: Fx: | |
| | | Ph: Fx: | |

Which one of our locations will you use most often? (Check Only One)



1001 No. Highland Ave.
Hollywood, CA 90038
(323)464-1600



11060 W. Pico Blvd.
W. Los Angeles, CA 90064
(310)478-0324



641 No. Robertson Blvd.
W. Hollywood, CA 90069
(310) 652-6202

Names of persons authorized to charge on the account: _____

Are We To Get A Verbal P.O. Number? _____ is Written P.O. Required? _____

Are We To Get A Job Address, Job Name and/or Job Number? _____ Which? _____

Account Agreement

The undersigned hereby agrees to be liable for any and all invoices signed by any person authorized to charge on the account. The undersigned further agrees to examine all statements rendered promptly and understands that any claim must be made, in writing, within five days of receipt of statements.

The undersigned agrees to notify Anawalt-Lumber Credit Department in the event an unauthorized use of this account occurs, within a reasonable time after the discovery thereof and will assist Anawalt Lumber in determining the facts and circumstances related to the unauthorized use.

The undersigned certifies that the information contained herein is true and correct and that Anawalt Lumber Co., Inc. will be notified in writing of any change in the business structure.

The undersigned agrees to the following terms which apply to each and every order purchased from Anawalt Lumber Co., Inc.

1. To pay each invoice by the 10th of the month following the date of that invoice.
2. To pay a service charge on all balances which are not paid by the 30th of the month following the date of the invoice. This service charge shall be 1.5% of the remaining outstanding balance per month.
3. To pay all costs and expenses, including all attorneys fees, incurred by Anawalt Lumber Co., Inc. in any collection efforts or legal proceedings arising out of this Credit Application or any Purchase Order of the undersigned.
4. No terms or conditions of purchase orders different from the terms of Anawalt Lumber Co., Inc. will become part of any sales agreement, purchase order or other document unless specifically approved in writing by Anawalt Lumber Co., Inc.

Signature: _____ Date: _____

(Please Print Name & Title) _____

Personal Guarantee

For value received, the undersigned hereby unconditionally guarantees payment of all obligations incurred by the above named applicant. The undersigned further guarantees all renewals, extensions, additions thereof. The undersigned further agrees that in the event legal action is instituted to enforce collection, to pay reasonable attorneys fees and costs for such legal action. I/We also agree that this agreement was entered into and made payable in the City of Los Angeles County, California. That upon payment in full of any invoices this guarantee will remain in effect and will apply to any and all purchases made thereafter.

Dated _____ Signature _____

Print Name & Title of Person Signing _____

Social Security Number _____

Authorization for release of Credit Information

I, the undersigned hereby authorize you to release to Anawalt Lumber Co., Inc. any credit information required in order to grant open credit. I understand that all information furnished to Anawalt Lumber Co., Inc. as a result of this authorization will be kept strictly confidential.

Date Signed _____ Signature _____ Name _____

For further information, please call Credit Department - (310) 479-9134 EXT 102