

Catalina Tempering Inc.
Catalina Tempering – Texas, Inc.
8764 Crocker Street
Los Angeles, California 90003
(888) 789-7810 Fax (323) 319-0075

Customer #	_____
Credit Limit	_____
Terms	_____
Salesperson	_____
Territory	_____
Approved By	_____

Application For Credit (To be completed by Customer)

This application is made for the sole purpose of obtaining an account with Catalina Tempering Inc., and/or Catalina Tempering – Texas, Inc. (Catalina) Applicant acknowledges that Catalina is relying on the information provided in this application and warrants that all statements in this application are complete, accurate, and truthful. Applicant further acknowledges that if this application is approved by Catalina, applicant shall be bound by the terms and conditions set forth in this application. Applicant hereby grants permission to Catalina to verify all credit information and to make all credit inquiries that Catalina deems appropriate

Date: _____

Please complete each line in the following section:

Company Name _____ Phone () - _____

Address _____ City _____ State _____ Zip _____

P.O. Box _____ City _____ State _____ Zip _____

Contact person for accounts payable: _____ Email _____ Fax () _____

Resale # _____ Corporation Partnership Joint Venture Sole Owner

Date Business Established _____ Contractor's License No. _____

Bonding Company _____ Bond# _____ Expiration Date _____

Written Purchase Order Required? Yes No Authorized Purchasing Agent: _____ Email _____

Complete ONLY ONE of the following as it applies to the ACCOUNT NAME above:

Individual or Sole Ownership: Owner's Name: _____ Number of years in business _____

Birth Date: / / Social Security# - - Spouse's Name: _____

Residence Address: _____ Res. Phone#: () - _____ How Long? _____

Previous address (if less than 5 years at address above) _____

Partnership: (If more than 2, list on a separate page)
 Written agreement No Written Agreement General Limited Date Started: _____

Partner Name	Spouse Name	Phone
Birth Date: / / Social Security#	- -	Home Address: _____
Partner Name	Spouse Name	Phone
Birth Date: / / Social Security#	- -	Home Address: _____

Corporation:

State of Incorporation _____ Year _____ Registered Agent _____

Corporate Address _____

President	%Owned	Home Address	Res. Phone
V. President	%Owned	Home Address	Res. Phone
Secretary	%Owned	Home Address	Res. Phone

List other owners on separate page. Approximate present net worth of corporation \$ _____

Type of Business _____ Date Established: ____ / ____ / ____ Anticipated Monthly Purchases \$ _____

Have you purchased from us before? YES NO Previous Business Name, Industry Experience (if any), Associated or Related Companies (list) _____

Have you, or any company which you been an owner, filed for bankruptcy? Yes [] No []

If Yes, Name of Company: _____ Year Filed: _____ State Filed: _____ Outcome: _____

Size of Shop: _____ Number of Employees: _____ Seasonal: Yes [] No [] if Yes, When _____

Types of Goods Purchased _____

Bank Reference _____

Address _____ City _____ State _____ Zip _____

Bank Representative _____ Phone: _____

Regular Checking [] Savings [] Loan(s) [] _____

Acct#: _____ Acct# _____ Acct# _____ Acct# _____

Security Given to Bank (Please List) _____

ATTACH A CURRENT FINANCIAL STATEMENT OR MOST RECENT TAX RETURN TO THIS APPLICATION FOR CREDIT EVALUATION PURPOSES. ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE.

Major Trade References – Please list complete mailing address & phone

1.	Address	City	State	Zip	Phone	Fax
2.	Address	City	State	Zip	Phone	Fax
3.	Address	City	State	Zip	Phone	Fax
4.	Address	City	State	Zip	Phone	Fax

Warranties By Applicant:

I/We warrant all information to be true. I/We agree to pay my/our account within the terms (30 days) . A finance charge of 1 1/2% per month. compounded monthly, will be assessed on all balances which are delinquent beyond the 30th day following the date of invoice. Unless otherwise stated, all shipments are F.O.B. Catalina warehouse. **In the event a dispute arises in connection with this agreement, applicant will pay the reasonable collection and/or attorney's fees** incurred by Catalina. If suit is brought, jurisdiction and venue may be laid in the State and County of Catalina's choice.

Business Name	Date
Authorized Signature(s)	Title

Personal Guarantee:

in consideration of Catalina selling to the above named applicant, the undersigned guarantors hereby each personally guaranty the payment of all sums hereafter owing by applicant to Catalina, including all reasonable attorney fees and/or costs incurred in connection with this debt. If suit is brought, jurisdiction and venue may be laid in the State and County of Catalina's choice.

Name	Address	City	State	Zip
Signature	Social Security Number			Date
Name	Address	City	State	Zip
Signature	Social Security Number			Date

PLEASE RETURN VIA FAX TO: (323) 319-0075