

# Smardan Supply Co.

Plumbing & Industrial Supplies

## Credit Application

Please complete all items or application will be delayed.

### General Information:

Type of Company: \_\_\_\_\_ Estimated Credit: \_\_\_\_\_ per mo.

Company Name: \_\_\_\_\_

Street Address (no PO box): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX Number: \_\_\_\_\_

Parent Company (if subsidiary): \_\_\_\_\_

Name of Contractor License Holder \_\_\_\_\_

License Number \_\_\_\_\_ Class \_\_\_\_\_

What Type of Business? Sole Proprietor: [ ] Partnership: [ ] Corporation: [ ]

Do you require a Purchase Order ? Yes [ ] No [ ]

If you use Job Accounts, do you want a separate statement for each job? Yes [ ] No [ ]

### Principals/Partners Information:

State of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Names/ Addresses of Owners/Principles:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Title: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Soc Sec # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Tax Payer ID Number: \_\_\_\_\_

Taxable:  Yes  No (if no please provide resale number) Resale Number \_\_\_\_\_

**Trade References:** (Must be at least 3 or attach your own sheet)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Have you ever done business with Smardan-Supply previously? Yes  No

If yes, please list the name \_\_\_\_\_

Has applicant or any Principal thereof ever filed for bankruptcy? Yes  No  If yes, attach sheet giving full And complete details.

**Bank References:**

- Bank Name \_\_\_\_\_

Address \_\_\_\_\_ Contact Officer \_\_\_\_\_

Account Number \_\_\_\_\_  Checking  Savings  Money Market

Account Number \_\_\_\_\_  Checking  Savings  Money Market

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Please complete application and mail or fax to the primary location you will be making your purchases through. You can obtain those addresses at [www.smardan.com](http://www.smardan.com) and selecting the “locations” tab.

Although you may order from any branch, please check the branch you will be placing the majority of your orders with.

- 1. Santa Barbara      Fax: 805-966-3586
- 2. Gardena              Fax: 310-532-2567
- 3. Fountain Valley      Fax: 714-545-3496
- 4. San Luis Obispo      Fax: 805-543-0810
- 5. Burbank                Fax: 818-955-8248
- 6. South El Monte      Fax: 626-448-3758

**Terms and Conditions**

**Terms of Sale:** Our standard terms are Net 30 days. A finance charge of 1-1/2% per month and an **annual percentage rate** of 18% charged on all past due (over 30 days) accounts.

**Personal Guarantee** – In consideration of Smardan Supply extending credit hereunder, the undersigned personally, jointly and severally and unconditionally guarantee and promise to pay Smardan Supply on demand, any and all indebtedness of the above named applicant to Smardan Supply. This is a continuing guarantee and the obligations created hereby are unaffected by any change in the terms of the original indebtedness between Smardan Supply and above named applicant, save that of payment. This guarantee shall continue in effect until the undersigned has notified Smardan Supply in writing of it’s cancellation, but such cancellation shall not alter any obligation of the undersigned prior to such written notice.

**Note:** In the event that Smardan Supply offers extension of credit to the above named credit applicant and/or guarantors on the above terms or in any other terms agreed on by said credit applicant and Smardan Supply, said extension of credit is issued pursuant to the information and financial representations made herein by said applicant and/or said guarantors.

**COLLECTION, VENUE, AND JURISDICTION** – applicant and Personal Guarantor(s) agree(s) to pay any and all actual costs of collection, including attorney’s fees and court costs incurred in the collection of the sums due hereunder, if necessary for collection of applicant’s account with Smardan Supply. This agreement is governed by the laws of the state in which the Smardan-Supply credit office accepting this application is located, as indicated on the face of this application. In California, venue for any legal action is expressly agreed hereunder to be proper Counties of Orange, Los Angeles, Santa Barbara, or San Luis Obispo, California, as Smardan Supply exclusively deems proper. In all other states, venue for any legal action shall be in the County chosen by Smardan Supply in it’s sole and exclusive discretion. Applicant and Personal Guarantor(s) hereby expressly waive(s) any venue objection and consents to the venue and jurisdiction as selected by Smardan Supply.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_