

Please send a copy of your resale or tax-exempt certificate.

SALES REP: _____

CREDIT APPLICATION

Please check box if references are attached (Signature required).

Name of Business: (Billing Address)

COMPANY NAME		PHONE #	FAX #
STREET			
CITY	STATE	ZIP CODE	
D&B #:	FEDERAL TAX ID	STATE ID#	

Ship to Location:

COMPANY NAME		
STREET		
CITY	STATE	ZIP

Form of Business:

CORPORATION PROPRIETORSHIP PARTNERSHIP LLC OTHER _____

Accounts Payable Contact: **PAY BY:** CASH CHECK CREDIT CARD ACH DIRECT WIRE TRANSFER OTHER _____

NAME	TITLE	PHONE	FAX	EMAIL
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Invoice Preference: BY EMAIL _____ OR BY FAX _____ OR BY MAIL _____

Bank Reference:

BANK NAME:	ADDRESS:	
BANK CONTACT:	CITY/STATE/ZIP:	
BANK ACCOUNT NO.:	FAX:	PHONE:

Trade References: (Minimum of 3 are requested)

VENDOR NAME	ADDRESS	PHONE NUMBER	FAX NUMBER

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Coast Packaging Co. / Coast Warehouse Co. / CPS Express, Inc. to investigate the references listed pertaining to my credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest (at 18% per year or state maximum) may be charged to debtor in the event of default or failure to pay goods sold and delivered. I/We further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms. I understand that your invoices are payable 30 days following the date of the invoice.

Customer Signature _____

Title _____

Date Signed _____

Personal Guaranty

Personal Guaranty Name _____

(Please print)

Address _____

City _____ State _____

Zip code _____ Phone _____

I hereby guarantee to Coast Packaging Co. / Coast Warehouse Co. / CPS Express, Inc. the payment of all sums owing on this account. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. shall have the right to investigate my personal credit, employment and income records, and the right to verify my credit references in connection with this application. Coast Packaging Co./Coast Warehouse Co./CPS Express, Inc. shall also have the right to report the way I pay this account to the credit bureaus and parties whom may lawfully receive such information.

Personal Guaranty Signature _____ Date _____

Witness 1 _____ Date _____

Witness 2 _____ Date _____

Social Security number _____

Corporate Offices: 3401 Etiwanda Ave. Bldg. 711 A, Mira Loma, CA 91752

Mailing Address: P.O. Box 248, Mira Loma, CA 91752

Phone: (951)685-4100 **Fax:**(951)685-3944 **Web:** www.haddycompanies.com