



# GOT TRAVERTINE

13029-A VICTORY BLVD., NORTH HOLLYWOOD, CA 91606

TEL: (818) 759-7890/FAX: (818) 301-2226

## COMMERCIAL CREDIT APPLICATION

For the purpose of obtaining merchandise from you on credit, the following statement is made that you should rely on same as correct.

Firm Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Office Address \_\_\_\_\_  
Street City State Zip

Warehouse Address \_\_\_\_\_  
Street City State Zip

Type of Business \_\_\_\_\_ Date Established \_\_\_\_\_ Resale Permit \_\_\_\_\_

Prior Business Name \_\_\_\_\_ Currently: Open \_\_\_\_\_ Closed \_\_\_\_\_

Name of Parent Company (if applicable) \_\_\_\_\_ Phone No. \_\_\_\_\_

Contractor License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ License in What Name \_\_\_\_\_

Operating as a: Corporation \_\_\_\_\_ Co-Partnership \_\_\_\_\_ Limited Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Owner or Operator Title Complete Residence Address

1. \_\_\_\_\_

Social Security No. \_\_\_\_\_ Home Phone \_\_\_\_\_ Spouse Name \_\_\_\_\_

2. \_\_\_\_\_

Social Security No. \_\_\_\_\_ Home Phone \_\_\_\_\_ Spouse Name \_\_\_\_\_

Bank \_\_\_\_\_ Checking Account No. \_\_\_\_\_

Branch Address \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Is There an SBA Loan? \_\_\_\_\_ Loan No. \_\_\_\_\_ Since \_\_\_\_\_

In Present Location Since \_\_\_\_\_ Is This Location: Owned \_\_\_\_\_ Leased \_\_\_\_\_ From \_\_\_\_\_

Credit Limit Required \_\_\_\_\_ Ever Had a Business Failure? \_\_\_\_\_ If yes, Use Other Side to Give Particular

References: Please list four of your current major suppliers (give only names of those you buy from on open account)

Name Complete Address Account No. Phone No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned certifies that the above information is true and correct and agrees to pay for all goods purchased in compliance with the terms of the seller. Unless otherwise agreed to in writing, said terms are that all goods are to be paid in full by the 15<sup>th</sup> of each month for all goods delivered during the previous month. Should default be made in payment when due, the balance plus 1 1/2% per month on all unpaid sums together with such attorney's fee as the seller may incur in the enforcement of the obligation will be paid by the undersigned.

Full Name of Company \_\_\_\_\_ Date \_\_\_\_\_

By \_\_\_\_\_ Title \_\_\_\_\_

# PERSONAL GUARANTEE

Must be Signed, NOT Typewritten or Printed

In consideration of any goods or materials provides \_\_\_\_\_  
(Print Company Name)

on open account or otherwise, by GOT TRAVERTINE., I \_\_\_\_\_  
personally will guarantee unconditionally at all times, unto you, the payment of any and all indebtedness incurred with respect to GOT TRAVERTINE, together with interest thereon, and cost of collection thereof, including reasonable attorney's fees.

Guarantor \_\_\_\_\_  
(Print Name) (Signature) (Date)

Guarantor \_\_\_\_\_  
(Print Name) (Signature) (Date)

## PERSONAL CREDIT REFERENCES:

List All Real Estates That You Own/Owned:

Address \_\_\_\_\_ Value \_\_\_\_\_ Amount Owned \_\_\_\_\_

Type \_\_\_\_\_ Lien Holder \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_ Value \_\_\_\_\_ Amount Owned \_\_\_\_\_

Type \_\_\_\_\_ Lien Holder \_\_\_\_\_ Phone No. \_\_\_\_\_

List Names Of Companies That You Buy From On Open Account:

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Personal Bank:

Bank \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Bank \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

