

RETURN ADDRESS

PLACE PROPER
POSTAGE HERE



8855 Washington Boulevard
Culver City, CA 90232

(FOLD ALONG DOTTED LINE AND STAPLE)

- 600 EAST CERRITOS AVENUE • ANAHEIM, CA 92805-6323 • (714) 991-4441
- 8855 WASHINGTON BOULEVARD • CULVER CITY, CA 90232 • (310) 837-9100
- 1514 SOUTH MAPLE AVENUE • LOS ANGELES, CA 90015-3106 • (213) 747-5121
- 960 SOUTH ANDREASEN DRIVE • ESCONDIDO, CA 92029 • (760) 743-7300
- 2000 SPRUCE STREET • RIVERSIDE, CA 92507 • (909) 784-8800
- 7500 VAN NUYS BOULEVARD • VAN NUYS, CA 91405 • (818) 782-3600

PROCESSING CHECKLIST (Office Use Only)			
Contractor's License Number		<u>Corporation:</u>	
Driver's License Number		Personal Guarantee	
Birth Date		Names of Officers	
Social Security Number		Home Addresses	
Signature on Application		Home Phone Numbers	

GENERAL INFORMATION

Firm Name: _____

Mailing Address: _____ City _____ Zip _____

Phone: _____ Fax: _____ Cell: _____ E-Mail: _____

Business Established (yr) _____ at present location since (yr) _____

Kind of Business - Please Check One and Include Approximate % of Total Volume:

New Construction	_____ %	Hardware	_____ %
Repair & Remodel Service	_____ %	Modular	_____ %
Industrial - Schools & Class A	_____ %	In Plant Maintenance	_____ %
Apartment Maintenance	_____ %	Other - Specify _____	_____ %

License Information - Please fill the information completely:

California State Contractor's License Number: _____

Name of RME, or RME if above license is not in your name:

Name: _____ Address _____

Classification of License (Please Check Appropriate Boxes):

<input type="checkbox"/> C-4	<input type="checkbox"/> C-36	<input type="checkbox"/> C-55
<input type="checkbox"/> C-20	<input type="checkbox"/> C-38	<input type="checkbox"/> Other _____
<input type="checkbox"/> C-27	<input type="checkbox"/> C-42	
<input type="checkbox"/> C-34	<input type="checkbox"/> C-53	

California State Contractor's Bond Number: _____

Name of Bonding Company: _____

Personal Information - Please complete as fully as possible as we rely upon this information greatly:

Driver's License Number: _____ Birthdate _____ Social Security Number _____

Addresses of Real Estate Owned:

Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

Street _____	Street _____
City _____	City _____
State _____ Zip _____	State _____ Zip _____

COMPANY INFORMATION

Applicant represents that his business entity is: (Check *one* and complete)

a Sole Proprietorship, dba _____
 Home Address _____ Phone () _____

a Partnership, dba _____

Partner Name Home Address Home Phone

Partner Name Home Address Home Phone

Partner Name Home Address Home Phone

a Corporation, dba _____ Federal Tax I.D.: _____
 Date of Incorporation _____ State of Incorporation _____

Officer's Names Home Addresses Home Phone

Pres. _____ () _____

V.P. _____ () _____

Sec'y _____ () _____

Treas _____ () _____

GUARANTEE OF PAYMENT

FOR AND IN CONSIDERATION OF the granting of credit to Applicant, a Corporation, and for other valuable consideration, the receipt of which is hereby acknowledged, Guarantor(s) do hereby, jointly and severally, personally guarantee to Supplier the payment of all indebtedness incurred by Applicant to Supplier after the date of this Guarantee, for the purpose and sale of goods, wares, materials, or merchandise furnished by Supplier to Applicant, and which shall include all debts, obligations, performance, or other items of indebtedness of Applicant, which may hereafter become due to Supplier, including, but not limited to, all renewals or extensions of such indebtedness or obligations, and all negotiable instruments given therefor and in connection therewith. It is understood that this instrument shall be a continuing guarantee, and that the liability of Guarantor(s) shall not be deemed to be released or discharged, or in any way affected by an extension of time for payment granted to Applicant, or by any change in the membership or ownership of Applicant or Supplier, or either of them, or by the substitution of either one of them of a Corporation, Association or individual as successor, but this Guarantee shall bind Guarantor(s), their heirs, executors, administrators and assigns, and shall run in favor of Supplier, its successors and assigns.

Guarantor(s) hereby waive, any and all notices of acceptance of this Guarantee, any and all notices of the amount of credit which may be given to Applicant now or as hereafter from time to time may exist, as well as notice of all demands for payment made upon Applicant, and all notices of non-payment to Applicant, and all notices of extension of time for payment of credit that may be given to Applicant. It is understood that the obligation of Guarantor(s) hereunder may be considered primary and not a secondary obligation, at the option of Supplier and will be payable upon demand by Supplier, without first exhausting any other security which Supplier may have heretofore or hereafter, regardless of form or source thereof. In the event Guarantor(s) fail to pay any amount or amounts due hereunder after demand, Guarantor(s) agree to pay reasonable attorneys' fees incurred by Supplier to enforce the terms of this Guarantee. All payments called for under this Guarantee shall be made at Supplier's place of business. This Guarantee is to be construed in accordance with the laws of the State of California.

The undersigned Guarantor(s) acknowledge that they have read and fully understood this Guarantee of Payment, and that they will be jointly and severally liable for any and all indebtedness by Applicant.

 Print Name Guarantor's Signature Date

 Print Name Guarantor's Signature Date

 Print Name Guarantor's Signature Date

BANK REFERENCES

Name of Bank & Address _____ Account Number _____ Phone Number _____

Name of Bank & Address _____ Account Number _____ Phone Number _____

TRADE REFERENCES (give only names of those you buy from on OPEN account)

Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Phone Number _____

Street Address _____ City _____ State _____ Zip _____

The Undersigned states that the foregoing information has been submitted with the knowledge that said information will be relied upon by Supplier in extending credit to Applicant. The Undersigned warrants that the information specified is true and correct, and that the Undersigned has been duly authorized by Applicant to prepare and submit said information to Supplier for the specific purpose of obtaining credit from Supplier. The Undersigned agrees to pay reasonable costs of collection, if the need arises.

(APPLICANT) _____ (Title) _____

(By: Print Name) _____ DATED: _____, 20 _____

PLEASE NOTE:

Because we make every to offer the best service and most competitive prices to our customers, we must in return ask that all our customers adhere to the following terms:

Our billing period ends on the 25th of the month, with statements being mailed by the 1st of the following month. Payment is due by the 10th day of that month.

DO YOU PAY TAX? IF NOT, PLEASE SEND A RESALE CARD WITH THIS FORM!