

WESTERN



PACIFIC

WESTERN PACIFIC DISTRIBUTORS

1739 SABRE STREET, HAYWARD, CA 94545
510/732-0100 510/732-0155 FAX

APPLICATION FOR CREDIT

TO: Western Pacific Distributors
1739 Sabre Street, Hayward, Ca. 94545

DATE: _____

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR INVOICES: [] FAX [] EMAIL [] MAIL

APPLICANT NAME _____

EMAIL ADDRESS _____

BUSINESS NAME: _____

BUSINESS TYPE: _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER: _____ FAX NUMBER: _____

PHYSICAL ADDRESS (IF DIFFERENT FROM ABOVE)

PHYSICAL ADDRESS: _____

CITY _____ STATE _____ ZIP _____

OWNERSHIP STYLE: [] CORPORATION [] PARTNERSHIP [] PROPRIETORSHIP

FULL NAME (LIST ALL OWNERS) _____

HOME ADDRESS: _____ PHONE # _____

SOCIAL SECURITY NUMBER _____

BUSINESS STARTED: _____ CURRENT OWNERS SINCE: _____

OTHER BUSINESS INTEREST OF OWNERS:

FIRM NAME: _____ ADDRESS: _____

BUSINESS LICENSES HELD:

STATE: _____ CLASS: _____ LICENSE# _____

NAME INSURED UNDER: _____

All blanks must be filled in completely for the opening of a CREDIT account.

WE PURCHASE FROM THE FOLLOWING ON ACCOUNT:

SUPPLIER	MAILING ADDRESS	FAX NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

BANK REFERENCES:

BANK NAME: _____ BRANCH: _____

ADDRESS: _____

CHECKING [] SAVINGS []

ACCOUNT NUMBER: CHECKING _____ SAVINGS _____

CREDIT LINE: \$ _____

AGREEMENT

I/WE AGREE TO PAY FOR ALL CHARGES TO OUR ACCOUNT UNDER THE FOLLOWING TERMS AND CONDITIONS:

I/WE REPRESENT, AS THE APPLICANT HEREIN, THAT ALL THE DEBTS ARE CURRENTLY BEING PAID IN THE NORMAL COURSE OF BUSINESS, AS THEY BECOME DUE, AND NO INSOLVENCY EXISTS AS DEFINED IN THE BANKRUPTCY REFORM ACT OF 1980, AND THAT ALL ORDERS WILL CEASE SHOULD THIS CONDITION AS TO INSOLVENCY BECOME INCORRECT.

IN THE EVENT OF DEFAULT OF ANY PAYMENT THAT MAY BECOME DUE, I/WE AGREE TO PAY INTEREST AT THE RATE OF 1-1/2% PER MONTH IN THE PRINCIPAL BALANCE OWING, FROM THE DATE OF SUCH DEFAULT. PURCHASES MUST BE PAID WITHIN 30 DAYS OF THE BILLING DATE.

IN THE EVENT SUIT IS FILED TO ENFORCE PAYMENT OF ALL SUMS DUE UNDER THIS AGREEMENT, I/WE AGREE TO PAY REASONABLE COURT COSTS AND ATTORNEY FEES. IN THE EVENT SUIT IS FILED TO ENFORCE PAYMENT, IT IS AGREED THE VENUE WILL BE IN THE COUNTY OF SACRAMENTO, STATE OF CALIFORNIA.

DATE: _____ APPLICATE: _____

SIGNATURE (MUST BE SIGNED TO PROCESS): _____

PERSONAL GUARANTEE FOR CORPORATE DEBT

IN CONSIDERATION FOR CREDIT WHICH MAY BE GRANTED BY WESTERN PACIFIC DISTRIBUTORS, INC. TO THE ABOVE APPLICATE CORPORATION, I/WE THE UNDERSIGNED AGREE TO FURTHER AND WHOLLY GUARANTEE ANY PAYMENT BY _____ OR ITS AGENTS. I/WE AGREE TO THE TERMS LISTED IN THE ABOVE AGREEMENT. THE PERSONAL GUARANTEE FOR CORPORATE DEBT, MAY BE REVOKED BY THE UNDERSIGNED UPON 30 DAYS WRITTEN NOTICE TO WESTERN PACIFIC DISTRIBUTORS, INC. (CREDITOR) OF THE UNDERSIGNED'S INTENTION TO REVOKE SAID PERSONAL GUARANTEE. THE UNDERSIGNED SHALL REMAIN LIABLE FOR ANY CHARGES INCURRED WITH WESTERN PACIFIC DISTRIBUTORS, INC. (CREDITOR) PRIOR TO THE END OF THE SAID 30 DAY PERIOD.

ALL CORPORATE OFFICERS MUST SIGN:

GUARANTOR: _____ DATE: _____

GUARANTOR: _____ DATE: _____