

SERVICE DISTRIBUTING
72182 CORPORATE WAY
THOUSAND PALMS, CA 92276
PHONE: 760-343-0307 FAX: 760-343-4282

CREDIT APPLICATION

Date _____

Salesman: _____

Received By _____

Please print or type. Complete all sections of this application. For your protection, read this document carefully and be certain all blanks are completely filled in. Thank you, Service Distributing

Business Name: _____

Street Address : _____

City/State/Zip: _____

Business Phone: _____ Fax Number: _____

Email Address: _____

PROPRIETORSHIP OR PARTNERSHIP – PLEASE COMPLETE

Is your business (check one): Proprietorship _____ Partnership _____

Owner's Name : _____ Social Security # : _____

Spouse's Name : _____ Social Security # : _____

Home Address : _____

Home Phone: _____

Owner's Name : _____ Social Security # : _____

Spouse's Name : _____ Social Security # : _____

Home Address : _____

Home Phone: _____

CORPORATION – PLEASE COMPLETE

Is your business (check if correct) : Corporation ____ Federal Tax ID# : _____

President's Name: _____ Social Security #: _____

Vice Pres. Name: _____ Social Security #: _____

Treasurers Name: _____ Social Security #: _____

Secretary's Name: _____ Social Security #: _____

State of Incorporation: _____ Year of Incorporation: _____

Full Corporate Name: _____

List all other Corporate D.B.A.'s: _____

BUSINESS INFORMATION

Length of time in business : _____ Type of business : _____

Federal Tax ID # : _____ State Tax ID # : _____

Resale Tax ID # _____

County Business is located in : _____

Estimated Monthly Purchases : \$ _____ Desire Credit Line : \$ _____

Do you require a Purchase Order: Yes _____ No _____

Person(s) *authorized to make purchases : _____

*Please Note: If a restricted signature list is required, it is the customer's sole responsibility to make any changes to the above list known to Service Distributing by sending a new list via Certified U.S. Mail, return receipt required.

Mailing Address : _____

Business Phone: _____ Fax: _____ Cell: _____

Accounts Payable Contact: _____

Do you own _____ or rent _____ your business place of location?

Landlords Name/Address/Phone: _____

TRADE REFERENCES

Company Name : _____

Address : _____

Phone Number : _____ Account Number : _____

Company Name : _____

Address : _____

Phone Number : _____ Account Number : _____

Company Name : _____

Address : _____

Phone Number : _____ Account Number : _____

BANK REFERENCES

Bank Name: _____

Address: _____

Account Number _____ **Account Type:** _____

Bank Contact: _____

Bank Name: _____

Address: _____

Account Number _____ **Account Type:** _____

Bank Contact: _____

Has the business, owners or officers of the Corporation ever declared bankruptcy?

Yes ____ **No** ____ . **If yes, who and when:**

I/We hereby authorize your investigation through the above references, Credit Bureau or other investigative agency as to my and or credit and financial responsibility. (I/we understand that Service Distributing is a member of T.R.W. Credit Data Service and I/we authorize Service Distributing to use T.R.W. to check our credit and financial responsibility).

I/We understand that an account with Service Distributing is due and payable by the 10th of the month following the date of purchase and if not paid by the 25th of the following month, the open account may be discontinued.

I/We understand that if the account is not paid by the 25th of the month it becomes past due, and interest up to the highest amount allowable by law will be added to the account each month until paid.

In the event it becomes necessary for Service Distributing to incur any collection costs or suits To collect under this agreement, the undersigned promises to pay such additional costs of Collection and such sum as the court may adjudge reasonable as attorney's fees on said suit.

CREDIT APPLICATION Page 4

All checks should be made payable to: **Service Distributing
72182 Corporate Way
Thousand Palms, CA 92276**

Signature of Applicant & Title: _____

Signature of Applicant & Title: _____

Signature of Applicant & Title: _____

PERSONAL GUARANTEE

In consideration of Service Distributing extending credit to _____
I/We hereby personally guarantee any and all amounts owed by the above to Service Distributing
I/We further agree that upon demand I/We shall personally pay all amounts owing by the above to
Service Oil Inc.

In the event it becomes necessary for Service Distributing to incur any collection costs or suits
to collect this agreement, the undersigned promises to pay such additional costs of collection
and such sum as court may adjudge reasonable as Attorney's fees on said suit.

Print name _____ Signature & Date _____

Print name _____ Signature & Date _____

ADDITIONAL COMMENTS

Any additional information that the credit department may need to know to expedite, review &
Complete.

Is there anything we should know that was not covered in this application (special billing
Instructions etc...)? If so, please use the space below or attach any additional sheets if needed.

Service Distributing
72182 Corporate Way
Thousand Palms, CA 92276
Phone (760)343-0307 Fax (760)343-4282

Date: ____/____/____

To: _____

Attn : _____

Ref : _____

Acct# : _____

The above business has applied to our company for credit. In order to grant credit, we would like to receive a current, full credit rating.

Please fill out the questions listed below and return back to our office via fax (760)343-4282 or US Mail. Thank you in advance for your courtesy and cooperation.

HOW LONG HAS ACCOUNT BEEN OPEN?: _____

AVERAGE MONTHLY BALANCE: _____

ANY CHECKS RETURNED?: YES _____ NO _____

Sincerely,

Service Distributing

I/We hereby give authorization for Service Distributing to receive any and all information relative to a credit report from our bank.

Bank Customer

_____/_____/_____
Date

**CALIFORNIA
CERTIFICATE OF RESALE**

Name of Purchaser: _____

Address of Purchaser: _____

I HEREBY CERTIFY: That I hold valid seller's permit No. _____ issued pursuant to the Sales and Use Tax Law that: I engaged in the business of selling (please fill in line)

_____,
that the tangible personal property described herein which I shall purchase from Service Distributing will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, of display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property or other authorized amount.

Please circle any and all items which can be purchased under your California Certificate of Resale without Sales Tax:

Motor Oils

Filters

Automotive Parts

Greases

Brake Cleaners

Lithium Greases

Carb. Cleaners

Fuel Cleaners

**Windshield Washer
Solvent**

Date

Printed name of Purchaser

Phone Number

**Signature of Purchaser or Auth.
Agent**

PLEASE FAX TO: 760-343-4282

OR MAIL BACK AT YOUR EARLIEST CONVENIENCE TO:

**SERVICE DISTRIBUTING
72-182 Corporate Way
Thousand Palms, CA 92276**