

CREDIT APPLICATION
San Diego Scale Company
DISCOUNTScales.COM Division

4510 Federal Blvd.

San Diego, CA 92102

TEL: 1.866.737.2253 **FAX:** 1.619.262.6181

E-MAIL: via our FEEDBACK FORM: <http://www.discountscases.com/feedback.html>

Dear Credit Applicant,

Thank you for your interest in establishing a credit account with our business. Please read and/or complete all information provided herein. Incomplete form may result in delaying the approval process.

Provided information remains confidential and *will not* be shared with outside entities for marketing purposes. Business references will be contacted to verify information.

Remit by FAX, e-mail attachment, USPS mail or alternative carrier, all pages of completed application. (See above for our contact information) **ATTN: Sales Department.**

Please allow approx. 1-2 business days for application status after we receive completed application. (We will contact your business 'contact person' via FAX regarding status)

TERMS: NET 30-days. (Please do not request payment terms that exceed 30-days. These will *not* be approved). 1% discount on invoices paid before 10-days of invoice date, depending on credit rating status.

Specifics re: credit account will be provided upon approval. San Diego Scale Co. reserves the right to dictate all conditions of contract. Initial approved credit amount typically ranges from \$3000 - \$4000. **MINIMUM purchase \$250.00.** Credit amount may increase incrementally when account is maintained in good-standing.

NOTE: *Most* U.S. hospitals, educational & government institutions exempt from the credit evaluation process. Simply contact us for purchasing details. Large established, & publicly well-known U.S. corporations *may* also be exempt from credit worthiness evaluation. **Pre-formatted business credit reference forms that include necessary information typically accepted in lieu of this application form.**

LEGAL NAME OF BUSINESS _____

TYPE OF ENTITY (CORP., SOLE PROPRIETOR, ETC.) _____

FEDERAL EIN or SSN: _____ **DUNS#** _____

CALIFORNIA STATE Resale # (if applicable) _____

PHYSICAL BUSINESS ADDRESS: _____

MAILING ADDRESS:

FAX NUMBER: _____ **TELEPHONE #:** _____

CONTACT NAME: _____

TITLE: _____

DATE BUSINESS ESTABLISHED: _____

LIST ALL OWNERS: _____

BANK NAME: _____

BANK ADDRESS: _____

BANK ACCOUNT CONTACT NAME & TELEPHONE #: _____

BUSINESS CHECKING ACCOUNT #: _____

LIST 3-BUSINESSES THAT ARE CURRENTLY EXTENDING CREDIT TO YOUR FIRM:

BUSINESS NAME: _____

ADDRESS: _____

CONTACT NAME: _____ **FAX NUMBER:** _____

TELEPHONE NUMBER: _____

ACCOUNT NUMBER (if applicable): _____

BUSINESS NAME: _____

ADDRESS: _____

CONTACT NAME: _____

FAX NUMBER: _____

TELEPHONE NUMBER: _____

ACCOUNT NUMBER (if applicable): _____

BUSINESS NAME: _____

ADDRESS: _____

CONTACT NAME: _____

FAX NUMBER: _____

TELEPHONE NUMBER: _____

ACCOUNT NUMBER (if applicable): _____

I the undersigned, as an authorized officer/representative of the applicant business, do hereby agree to pay all invoices within the terms dictated by San Diego Scale Co..(SDS Co.). Our (my) business agrees to notify SDS Co. if I (we) should ever sell, close, or otherwise transfer ownership of this business. I understand that a 1.5% per month 'late fee' may be assessed for each month exceeding NET 30-days term. A \$35 fee will be assessed on any returned check. Additionally, my business will be responsible for any litigation costs relative to SDS Co.'s effort to recover any outstanding debt. I hereby release all credit information about my business and federal tax I.D. number. All items purchased from SDS Co. for the purpose of resale in the state of California must disclose this intent at the time of each transaction & provide a copy of a valid California 'Resale License'. In the event I (we) purchase for resale, I (we) agree to hold SDS Co. harmless of all applicable sales tax.

Authorized Officer of Applicant Business (**Print Name**) _____

Authorized Officer of Applicant Business (**SIGNATURE**) _____

DATE : _____