



Credit Application Form

Company Name: _____

Address : _____

Tel No : _____ Fax: _____ Web site: _____

Type of Ownership: [] Corporation [] LLC [] Sole Proprietorship [] Partnership

Federal Tax I.D. No: _____ Reseller Permit No. _____

Dun and Bradstreet No: _____ Annual Sales Volume: _____

Date Business Established: _____ Length of Time at Present Location: _____ Year(s) _____ Month(s)

Credit Line Desired: _____ Facility: [] Own [] Lease _____ Sq/ft No of Employees: _____

Owner: _____ CEO/CFO: _____

Authorized Purchaser: _____ Accounts Payable: _____

Email Address: _____

Bank Reference

Name of Bank: _____ Tel: _____ Fax: _____

Account No: _____ Account Type: [] Checking [] Saving [] Loan Date Opened: _____

Address: _____

Name of Bank: _____ Tel: _____ Fax: _____

Account No: _____ Account Type: [] Checking [] Saving [] Loan Date Opened: _____

Address: _____

Name of Bank: _____ Tel: _____ Fax: _____

Account No: _____ Account Type: [] Checking [] Saving [] Loan Date Opened: _____

Address: _____

Trade References

1. Company Name: _____ A/C No: _____ Contact Person: _____

Terms: _____ Credit Limit: _____ Tel: _____ Fax: _____

2. Company Name: _____ A/C No: _____ Contact Person: _____

Terms: _____ Credit Limit: _____ Tel: _____ Fax: _____

3. Company Name: _____ A/C No: _____ Contact Person: _____

Terms: _____ Credit Limit: _____ Tel: _____ Fax: _____

4. Company Name: _____ A/C No: _____ Contact Person: _____

Terms: _____ Credit Limit: _____ Tel: _____ Fax: _____



Authorization for Credit Release

This is to confirm that _____ is applying for credit with **APEVIA CORP.** and this serves to give **APEVIA** the right to contact our bank and provide **APEVIA** with the necessary information pertinent to our application.

1. COMPANY INFORMATION:

Company Legal Name _____
DBA of _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Fax _____ Website: _____

Please provide the signature that appear on the bank signature card:

Authorized Signature : **x** _____

Name: _____ Title: _____ Date: _____

2. BANK INFORMATION

Bank Name: _____ Account No: _____
Telephone: _____ Fax: _____
Contact Officer: _____ Title: _____

FOR BANK USE ONLY:

The above captioned company has applied for a credit with us. We appreciate your assistance in providing the following information. The information provided is for internal use only and will be kept strictly confidential. Thank you for your corporation.

| | <u>CHECKING</u> | <u>SAVING</u> | <u>OTHER</u> |
|---|-----------------|-----------------------------|---------------|
| Open Date | _____ | _____ | _____ |
| Avg. Balance | _____ | _____ | _____ |
| Current Balance | _____ | _____ | _____ |
| No. of NSF'S | _____ | _____ | _____ |
| Account Rating | _____ | _____ | _____ + _____ |
| Credit Line: _____ Yes _____ no | | Secured: _____ yes _____ no | |
| Credit Limit: _____ | | Current balance: _____ | |
| Maturity Date: _____ | | | |
| Comments: _____ | | | |
| General Rating: : [] Satisfactory [] Unsatisfactory | | | |

Prepared by: _____ Date: _____

Print Name: _____ Title: _____



I/We understand that the information provided is for the purpose of opening an account with Apevia Corporation and warrant that the information provided is true and correct. I/We authorize investigation of all credit references listed. All related terms and conditions are defined in our invoice. I/We further understand and agree that all accounts or money due to Apevia Corporation shall be paid in accordance with the payment terms stated above and I/We agree to pay all reasonable costs of collection costs which are no less than 35% of the unpaid principle plus interest in addition to any court costs and/or attorney fees incurred.

Authorized Signature

Title (President/CEO/CFO)

Printed Name

Date

Personal Guarantee

The undersigned, for value received, hereby unconditionally guarantee(s) to Apevia Corporation, a California corporation, full payment of all sums due and owing, pursuant to the terms indicated. The undersigned further guarantee(s) all renewals, extension, additions thereof. The undersigned agrees(s) to pay \$25.00 fee for each returned check and authorize(s) that the fee and the check amount ca be electronically collected. The undersigned further agree(s), in the event legal action is instituted to enforce collection, to pay reasonable attorney's fees and costs for such legal action. The undersigned also agree(s) to submit to legal jurisdiction in the county of Los Angeles of California. Upon payment in full of any invoices, this guarantee will remain in effect and will apply to any and all purchases made thereafter.

Guarantor (President / Owner only)

Signature of Guarantor

Date

Social Security No.

Driver's License No.

Date of Birth



(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 am engaged in the business of selling:

that the tangible personal property described herein which I shall purchase from:

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, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property. Description of property to be purchased:

Date: _____ 20 _____
(Printed name of Purchaser or Authorized Agent, and Title)

Phone () _____
(Signature)