



# CREDIT APPLICATION

## CUSTOMER BILLING INFORMATION

Company name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registered company address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_

Sole proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

Tax Exemption: \_\_\_\_\_

## BUSINESS AND CREDIT INFORMATION

Primary business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

How long at current address? \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Industry: \_\_\_\_\_

Estimated Annual Sales: \_\_\_\_\_ Are PO#'s required?: \_\_\_\_\_

Bank name: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Bank Contact: \_\_\_\_\_

## BUSINESS/TRADE REFERENCES

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of account: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of account: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of account: \_\_\_\_\_



**GUARANTEE**

I, the undersigned do personally guarantee payment to McLogan Supply Co., Inc for previous, present, and future charges to the above business or corporation, hereinafter called the Customer, which shall include orders placed by an officer, employee or agent of the Customer. I also agree to pay all costs of collection, including reasonable attorney's fees in the event of default of payment by the Customer of the Guarantor.

This guarantee shall remain in effect until revoked by the Guarantor by written notification to McLogan Supply Co. Inc. by registered mail, or certified mail, return receipt requested. In the event the business is sold, McLogan Supply Co. Inc. must be notified in writing, before Guaranty is revoked. The application and guaranty are subject to approval by the credit department of McLogan Supply Co. Inc. Confirmation of approval to the Customer or Guarantor is not required.

Guarantor Signature \_\_\_\_\_

Guarantor Name \_\_\_\_\_

Guarantor Title \_\_\_\_\_

Date \_\_\_\_\_

**PAST DUE AMOUNTS**

I agree that any charges incurred and not paid 15 days past terms agreed (45 days), may be charged to my credit card including current interest, not to exceed 4%.

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CV Code \_\_\_\_\_

Billing Address \_\_\_\_\_

**CONDITIONS & TERM AGREEMENT**

1. All invoices are to be paid 30 days from the date of the invoice and paid by check. Credit card payments made after 30 days are subject to a 3% surcharge. A finance charge of 1.5% will be charged for balances 15 days past due. A \$15 service charge will be added for all returned checks by our bank.
2. Qualification for returned items are at the discretion of McLogan Supply Co. Inc. and may be subject to a 15% restocking fee and issued for store credit only. Special order items do not qualify for returns.
3. McLogan Supply Co. Inc. reserves the right to revoke credit, demand payment in full, and/or reduce the credit line amount. If reasonable collection or legal action is deemed necessary by McLogan Supply Co. Inc. to receive monies owed, the collection or legal fees shall also be charged to, and paid by the above person, business, or organization.
4. Signature below is an acceptance of terms and conditions set forth in this agreement and certification that information on this form is correct. By submitting this application, you authorize McLogan Supply Co. Inc. to make inquiries into the banking and business/trade references that you have supplied, as well as periodic credit checks

**SIGNATURES**

\_\_\_\_\_

Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

***In order to be considered for an open account, this entire application form must be completed. Please fax to accounting at (818) 718-7008 or email to [joanna@mclogan.com](mailto:joanna@mclogan.com) Note that it may take 1-2 weeks for approval.***

**Los Angeles**

2010 SOUTH MAIN ST.  
LOS ANGELES, CA 90007  
(213) 749-2262  
FAX (213) 745-6540

**Anaheim**

711 SOUTH EAST ST.  
ANAHEIM, CA 92805  
(714) 999-1194  
(714) 999-0195

**San Diego**

7879 B ARMOUR ST.  
SAN DIEGO, CA 92111  
(619) 595-0270  
(619) 595-0278

**Chatsworth**

21051 SUPERIOR ST.  
CHATSWORTH, CA 91311  
(818) 718-0888  
FAX (818) 718-7008

