

BLACK OXIDE SERVICE, INC.

1070 LINDA VISTA DRIVE • SAN MARCOS, CALIFORNIA 92069 • (760) 744-8735 • (760) 744-7985 FAX

CREDIT APPLICATION

Date: _____

Business Information

Please Print Clearly

Name of Business: _____

Address/City/State/Zip: _____

Phone: _____ Fax: _____

Accounts Payable Address: _____

Accounts Payable Contact: _____ Phone: _____ Ext. _____ Fax: _____

Description of Business

Type of Business: _____ Number of Employees: _____

In Business Since: _____ Credit Amount Requested: _____

Business Structure: Corporation Partnership Proprietorship

If Proprietorship, Is Payment Guaranteed? Yes No By: _____

Company Principals Responsible for Business Transactions

Name: _____ Title: _____ Phone: _____

Address: _____ Social Security #: _____

Name: _____ Title: _____ Phone: _____

Address: _____ Social Security #: _____

Name: _____ Title: _____ Phone: _____

Address: _____ Social Security #: _____

(The above must be filled out completely including SSN of Sole Proprietorships)

Bank References

Name of Bank: _____ Person to Contact: _____

Address: _____ Branch: _____

Phone Number: _____ Checking Account No.: _____

Trade References

Firm Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax Number: _____

Firm Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax Number: _____

Firm Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax Number: _____

Firm Name: _____ Contact Name: _____

Address: _____

Phone: _____ Fax Number: _____

Agreement

In consideration for credit being extended, I or we acknowledge and agree to the following: (1) Payment is jointly, severally and unconditionally guaranteed within **Net 15 Days** of Delivery; (2) any charges unpaid after the above 30 days are to be increased by 2% per month or a minimum service fee of \$2.50 per month (whichever is greater); (3) any charges still outstanding after 90 days from date of delivery are subject to collection; and all collection or arbitration expenses, attorney's fees, and court costs will be borne by the purchaser; (4) title to all work shall remain with the creditor until all invoices and additional charges have been paid in full; (5) all claims, requests for adjustments, or notification of errors must be made within 5 days, or charges are considered acceptable; (6) this agreement shall apply to all current and future charges unless revocation is received by registered mail; (7) credit privileges may be withdrawn at any time without invalidating the terms of this agreement; (8) any returned check, NSF check, stop payment check will be subject to a \$25.00 return check fee.

The applicant hereby gives permission to disclose its experience with the bank indicated on this form. This information is to be used in consideration of granting an open account to the applicant. PLEASE NOTE, INCOMPLETE APPLICATIONS or APPLICATIONS THAT ARE NOT SIGNED WILL NOT BE PROCESSED.

Authorized Signature

Title

Date