



1030 W Del Norte St
 Eureka, CA 95501
 (707) 443-0849 Tel
 (707) 443-1055 Fax

CREDIT APPLICATION

For the purpose of establishing credit with Mendes Supply, the undersigned applicant furnishes the following information. Applicant represents and warrants said information is true and correct statement of its financial condition.

Contact Name: _____ Contact Email Address: _____

COMPANY INFORMATION

Full Legal Name/Business Entity		Phone Number	Fax Number
Physical Address	City	State	Zip
Billing Address	City	State	Zip
Company Type: Proprietorship _____ Partnership _____ Franchisee _____ Corporation _____ Other _____			
Nature of business	Year business established	At present location since	
Federal Tax ID (if incorporated) & state?		Contractor License No. (if applicable) & state	
Credit line requested (USD)	Tax exempt? (Yes or No, if yes provide a valid certificate)	PO required? (Yes or No)	
Accounts Payable Contact Name			

BANK REFERENCES

Bank Name	Account #	Contact		
Address	City	State	Zip	Phone

TRADE REFERENCES/PRINCIPAL INFORMATION

Company Name	Account #	Contact		
Address	City	State	Zip	Phone
Company Name	Account #	Contact		
Address	City	State	Zip	Phone
Principal Name	Title	Social Security No.		
Principal Name	Title	Social Security No.		



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Proprietor Guaranty / Authorization

By signing this Application, I authorize the Mendes Supply Company or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize the Mendes Supply Company to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with the Mendes Supply Company and the marketing of other products and services to me and my business by the Mendes Supply Company. I further authorize the Mendes Supply Company to share the information received from my consumer credit report with the Mendes Supply Company parent, subsidiaries, and affiliates. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency the furnished the report. I also acknowledge that I have personally guaranteed the debts and obligations of my business and agree that I am personally obligated to perform all of the terms of, and make all payments to the Mendes Supply Company required by, the agreement of which this Application is a part.

First Name	Initial	Last Name	Title	
Present Home Address	City	State	Zip	Home Phone Number
Date of Birth	Social Security Number	Driver's License Number & State		
Authorized Signature		Date		

IN COMPLETING THIS APPLICATION FOR CREDIT, WE HEARBY AGREE THAT ALL AMOUNTS ARE PAYABLE WITHIN 30 DAYS FROM THE DATE REFLECTED ON THE INVOICE. IF THE INVOICE IS NOT PAID ON THE SAID DATE, THE INVOICE WILL BE VIEWED AS DELINQUENT. FURTHER WE AGREE TO PAY A DELINQUENCY FEE OF 1.5% PER MONTH ON ANY AMOUNT WHICH IS PAST DUE MORE THAN 30 DAYS FROM THE TERM DATE UNTIL PAID. THERE WILL BE NO RETURNS OR REFUNDS ON SPECIAL ORDERS AND A 20% RESTOCKING FEE WILL BE CHARGED ON ALL RETURNS.

PURCHASE ORDERS WILL BE ACCEPTED AS LONG AS NO TERMS OTHER THAN THOSE SET FORTH BY MENDES SUPPLY COMPANY ARE INCLUDED ON THE PURCHASE ORDER.

ALL RETURNED CHECKS WILL BE CHARGED A NSF FEE. THE NSF FEE WILL BE THE MAXIMUM AMOUNT ALLOWED BY THE STATE IN WHICH THE CHECK IS PAID. AFTER WHICH YOUR ACCOUNT MAY BE PLACED ON A "CASH ONLY" BASIS.

IF CREDIT IS GRANTED, WE THE UNDERSIGNED AGREE TO THE TERMS SET FORTH ABOVE AND CONDITIONS STATED ON EACH AND EVERY INVOICE. WE HEREBY PERSONALLY GUARANTEE THE PAYMENT OF ALL OBLIGATIONS TO MENDES SUPPLY COMPANY UNTIL WITHDRAWN BY CERTIFIED MAIL. WE RECOGNIZE THAT THE CREDIT LINE MAY INCREASE OR DECREASE AT THE DISCRETION OF MENDES SUPPLY COMPANY. AT ANY TIME. I FURTHER AGREE THAT SHOULD THE ACCOUNT BE PLACED FOR COLLECTION DUE TO NON-PAYMENT, I WILL BE RESPONSIBLE FOR ALL REASONABLE ATTORNEY / COLLECTION FEES.

ALL INDEBTEDNESS DUE TO MENDES SUPPLY COMPANY IS DUE AND PAYABLE AT THE ADDRESS ON THE FRONT OF THE CREDIT APPLICATION

PRINT NAME _____ **SIGNATURE** _____

TITLE _____ **DATE** _____

For Office Use Only
 Approved Declined
 Credit Limit \$ _____

 Approval Date

Once completed, please fax to (707) 443-1055
Do you have questions regarding the application?
Please contact us:
(707) 443-0849