

Customer Code _____
Credit Limit \$ _____
Approved By _____



4100 Atlas Court Bakersfield, CA 93308
Phone (661) 327-4911 FAX (661) 327-1918

ALL CONTINUING GUARANTEE

COMMERCIAL ACCOUNT CREDIT APPLICATION

For the purpose of establishing credit with BC LABORATORIES(creditor).
I the undersigned, warrant the financial information below to be true, correct and complete to the best of my knowledge and hereby authorize any credit investigation needed for varification: Amount of credit line requested _____

Name of Business: _____
Corporate or other name(if different): _____
Street Address: _____ Business Telephone () _____
Mailing or Billing Address (if different): _____
Business Entity is: Sole Proprietorship Partnership Corporation Federal I.D.#: _____
If Corporation, give state of incorporation: _____ Corporate I.D.# _____
Div. or Subs. of: _____ SS# _____

Name and Home Addresses, Officers, Partner or owner

	full name	social security#	ownership%	title	residence address
(1)	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____

Describe Type of Business _____ Number of Employees _____
If Contractors License give # _____ Name of Holder _____
Date Business started under this name and ownership: _____
Name of former: Business owned rented/leased Remaining term of lease _____
Name/Address of Landlord _____

Banking Information:
Business Checking: _____
Business Savings: _____
Personal bank Account: _____
Business Loans: _____

Principal Suppliers (five major suppliers with whom you have established credit)

	name	address	Amount Owning \$
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

Additional Comments to expand on anything above or assist in determination of credit worthiness:

Authorized Purchasers: _____

READ BEFORE SIGNATURE: I/we do hereby agree to the sellers terms and conditions of sale as documented by the seller and agree to make all timely payments as due including interest. which will be charged 1 1/2% monthly (18% per annum). In case suit or action is instituted to collect any overdue portion of my/our account, I/we promise to pay such additional sum as the Court may adjudge reasonable for attorney's fee to be allowed in said suit and action. I/We agree that the jurisdiction for any dispute under this contract shall be the County of Kern, State of California.

if Non-taxable
Attach Business re-sale permit tax card
 Guarantee may be needed. See attached
Signature: _____
Title: _____
Date: _____

* The above information must be completed in full - All information will be held in strictest confidence*