

# CREDIT APPLICATION

Please complete and fax this form to our A/R Department at (510) 226-6104

I am being serviced by your

California office  Illinois office

(Kindly provide representative's name on right)

Sales

Rep \_\_\_\_\_

Date \_\_\_\_\_

## APPLICATION INFORMATION

Company Name \_\_\_\_\_ D&B No. \_\_\_\_\_

Company Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

A/P \_\_\_\_\_ A/P \_\_\_\_\_ Credit Line Requested \$ \_\_\_\_\_

Contact \_\_\_\_\_ Phone/Ext \_\_\_\_\_ Sales Volume \$ \_\_\_\_\_

Employees at this location \_\_\_\_\_ Total Employees \_\_\_\_\_

Years in business under this name \_\_\_\_\_ Years located at this address \_\_\_\_\_

Payment personally guaranteed?  Yes  No

(If yes, please fill out a Personal Guarantee Form) By \_\_\_\_\_

## Type of Business

- Sole Proprietorship  
 Partnership  
 Subsidiary  
 Division  
 Corporation in state of \_\_\_\_\_  
 Resale Number \_\_\_\_\_

Title \_\_\_\_\_

## OWNERSHIP INFORMATION

Owner Name	Phone	Fax	
Home Address	City:	State:	Zip:
Owner Name	Phone	Fax	
Home Address	City:	State:	Zip:

## TRADE REFERENCES

Company Name	Phone	Fax	
Address	Account #		
Company Name	Phone	Fax	
Address	Account #		
Company Name	Phone	Fax	
Address	Account #		

## BANK REFERENCES

Bank Name	Phone	Fax	
Address	Account #		
Bank Name	Phone	Fax	
Address	Account #		

All Statements made herein are true and accurate to the best of my/our knowledge. FIT Bearings is authorized to make any and all necessary inquiries to process this credit application. We hereby indemnify them and their agents from any liability resulting from this credit review.

11/06

**A bank authorized signature is required for processing**

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date: \_\_\_\_\_

# PERSONAL GUARANTOR FORM

Confidential - A/R Department Only

Please complete and fax this form to our A/R Department at (510) 226-6104

**TERMS NET 30**

My account is handled by Sales Rep \_\_\_\_\_ Date \_\_\_\_\_

**GUARANTOR INFORMATION**

Do you own or rent your current residence?

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Own  
 Home Address \_\_\_\_\_ City \_\_\_\_\_  Rent  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Monthly mortgage/rent \$ \_\_\_\_\_  
 Drivers License # \_\_\_\_\_ License Issuing State \_\_\_\_\_

By filling out this Personal Guarantor Form, I wish to provide a personal guarantee for Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Company Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**GUARANTOR BANK INFORMATION**

Bank Name	Phone Number	Fax Number
Bank Address		Account Number
Bank Name	Phone Number	Fax Number
Bank Address		Account Number

**GUARANTOR CREDIT CARD INFORMATION**

Card Number	Card Type	Phone Number
Card Issuer	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Expiration Date
Card Number	Card Type:	Phone Number
Card Issuer	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Expiration Date

**PERSONAL REFERENCES**

Name	Phone Number	Relationship
Address		Years Known
Name	Phone Number	Relationship
Address		Years Known
Name:	Phone Number	Relationship
Address:		Years Known

I, personal guarantor, by signing, agree that all statements made herein are true and accurate to the best of my knowledge. I authorize the above company to make any and all necessary inquiries to process this application. I understand that a personal credit check will be performed. I hereby indemnify FIT Bearings and their agents from any liability resulting from this credit review.

**A bank authorized signature is required for processing**

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

Date \_\_\_\_\_