pick-smith, inc.

31910 Calle El Potrero • Pauma Valley, CA 92061
888-4-Jam-Kat   wholesale@pick-smith.com

DEALER CREDIT APPLICATION

Applicant Name (Name of Company): _____

Credit Requested: $_____ (Net-30 standard, from date of shipment from Pick-Smith, Inc.'s facility.)

BANKING REFERENCE INFORMATION:

Bank Name:	_____	Phone #	_____
Address:	_____	Fax #	_____
City/State/ZIP:	_____	Account #	_____

TRADE REFERENCES (vendors that you pay on a 30 day basis):

Contact Name:	_____	Contact Name:	_____
Company:	_____	Company:	_____
Address:	_____	Address:	_____
City/State/ZIP:	_____	City/State/ZIP:	_____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____
Account #:	_____	Account #:	_____

Contact Name:	_____
Company:	_____
Address:	_____
City/State/ZIP:	_____
Phone:	_____
Fax:	_____
Email:	_____
Account #:	_____

By signing this application, Applicant and each Signatory agrees that he/she is authorized to execute this application and to obligate the Company to make payment in full for all amounts due according to invoice on or before the net due date. The undersigned will be responsible for all collection costs and attorneys fees, with or without lawsuit, in order to collect any delinquent amounts.

Applicant and each Signatory further certify the information provided above is true and correct. It is understood and agreed all purchases made during a given month are payable within 30 days. I/We agree to pay a delinquency charge of 1 2% per month on unpaid amounts. I/We acknowledge that Pick-Smith is under no obligation to extend credit regardless of whether credit has been extended on prior occasions or to other persons and Pick-Smith may limit or cancel any credit extended from time to time.

Signature _____ **Printed Name** _____ **Date** _____

Signature _____ **Printed Name** _____ **Date** _____

AUTHORIZATION TO RELEASE INFORMATION

In consideration of an open account arrangement with Pick-Smith, Inc., I hereby authorize you to release information to Pick Smith, Inc. regarding credit history, checking and savings accounts, and/or loan experience. Thank you for your cooperation.

Name of Company _____

Signature _____

Signature _____

Title _____

Title _____

Printed Name _____

Printed Name _____

Date _____

Date _____

You are now finished with the applicant portion of this document.
Please fax to (760) 742-2789 or email to wholesale@pick-smith.com. We will be getting back to you shortly.

(Please do not write anything below this line)
- - - - - - - - - - - - - BANK USE ONLY BELOW THIS LINE - - - - - - - - - - - - -

CHECKING ACCOUNT:
Account # _____   Date opened _____

Average balance for last 6 months: $_____   Any bounced checks?   Y ( )   N ( )   How many? _____

Average balance for last 30 days: $_____   Any bounced checks?   Y ( )   N ( )   How many? _____

OTHER ACCOUNT: 2nd Checking ( ) Savings ( ) Other ( ) Explain: _____
Account # _____   Date opened _____

Average balance for last 6 months: $_____   Any bounced checks?   Y ( )   N ( )   How many? _____

Average balance for last 30 days: $_____   Any bounced checks?   Y ( )   N ( )   How many? _____

LOAN ACCOUNT:
Account # _____   Date opened _____

Original Loan Amount: $_____   Outstanding Loan Amount: $_____

Does loan history show any payments over 30 days within the last 6 months?   Y ( )   N ( )   How many? _____

Comments: _____

Signature _____   Printed Name _____

Title _____   Date _____

Fax form to at (760) 742-2789 or E-mail to wholesale@pick-smith.com