CREDIT APPLICATION AND AGREEMENT



PLEASE FAX OR EMAIL TO Katie David at (661) 587-7312 kdavid@johaseerebar.com

Signature	Pr	int Name	Date	
			and interest charges, I/We hereby, polls that are not paid when due.	ersonally and
Print Name				
Authorized Signature By:_		Title	Date	
and agree that all accounts and agree to pay all costs of	or money due to JOHASEE f collection, in addition to and all application information	EREBAR, INC. shall be paid y court costs and/or attorney f	g merchandise on credit. I/We further in accordance with the credit terms ees incurred. I/We authorize JOHAS ccess of my consumer and/or comm	stated above SEE REBAR,
costs and attorney's fees as agent. The credit user agreers personal credit information to collections, the creditor is involvement/litigation and 50 itemizing all charges separa Bureau at the time of assign	s awarded by the Court. These to pay a finance fee of to be obtained regarding sole entitled to collection ager 0% or special handling: bar ately must be sent to your cromment, along with a copy of	nat venue shall be in the count of 18% per annum on balance proprietorships and partnerships fees as specified: 25% akruptcy, closed businesses are dit uses prior to collections,	s necessary, the credit user agrees nty and court nearest to the credit es over 30 days. That I/we give phips. In the event of assignment of a for full service collections, 35% and skip tracing. (Please note that as well as a copy provided to Comra All accounts over 30 days will autedit is restored.	grantor or its ermission for an account to for attorney a statement nercial Trade
		nded by JOHASEE REBAR , epresent the Board of Directors	INC. , I agree, on behalf of my cons of my company.	npany, to the
Address		reiContact:	гах.	
Address 4 Name of Firm		Tel:Contact:	Fax:	
Address_		Contact:	Fax:	
Address		Contact:		
TRADE REFERENCES:		Tal·	Fax:	
Address	Cir	ty	Acct. No _State Zip	
BANK INFORMATION: Name of Bank		Tel:	Acct. No.	
Home Phone	SS#	Home Phor	eSS#	
City	StateZip	City	StateZip leSS#	
Address	riue	Owner/Officer Address	Title	
INFORMATION OF OWNER	RS, PARTNERS, AND/OR O	OFFICERS:	T'11.	
Accounts Payable Contact:_		Credit	Amount Requesting:	
(If ves. please provide cop	Certilicate	of Insurance: Yes No P.0 (If yes, please provide copy)). REQUIRED: TesNO	
Fed ID Number:	Coutificate	of Incompany Vac. No. D.	D DECLUBED: Voc. No.	
Type of Business		Date Busines	s Began	
Shipping Address Corporation If Incorporated list State Type of Business Fed ID Number: Partnership Sales Tax Exemption:		ion: Yes #	No	
Shipping Address	Davita avahia	Cala Dramia	to valid	
Dilling Address				
Trade/Legal Name	<u>!</u>	Tel:	Fax:	