

An International Manufacturing Distributor - Restaurant Equipment & Supplies

## **4177 Rowland Ave #B El Monte, CA 91731** Tel: 626-291-5599, 800-897-5999 Fax: 626-286-0166 Email: account@gsw-usa.com

## **Confidential Credit Application**

## **Fax Cover Sheet**

## **Instruction:**

For better readability, **please type your contents using computers into the PDF forms.** Then print, sign and fax them to GSW.

## **Attention: GSW Account Credit Department**

→ Please handle as company's most confidential material!

From		
Company:		
Tel:	_ Fax:	
	<b>Total Pages:</b>	(including this cover sheet)
Contents Check List:	5 <u> </u>	
Credit Application Form		
Payment Agreement & Persona	al Guaranty	
Bank Account Credit Verificatio	on Form	
2 <sup>nd</sup> Bank Account Credit Verific	ation Form (if necessary)	
Copy of State Resale Permit (if	f applicable)	
Others:		

Comment:



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 #B
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# **Confidential Credit Application**

Customer warrants that the Business Information					
Ducinese Nemer					
DBA					
Legal Name of Principals:			Resale	Permit #:	
Billing Address:		Shippi	ng Address:		
Tel:	Fax:	Email:		Web Site:	
Account Payable Contact	Person:	Per	rson to Authorize	Order:	
In Business since:	As a Co	rporation LLC	Partnership	Sole Proprieto	orship
Number of Employees:	Estimated Annu	ual Sales: US\$	Credit Limit D	esired: US\$	Term: days
<b>Finance References</b> (H	Bank / Lease) *	Complete the Bank A	Account Credit Ver	fication is require	ed, see next pages *
Bank Name:		Account #:		Tel:	
Bank Name:		Account #:		Tel:	
Trade References (Lis	t 3 major supplie	ers of your annual	purchases)		
Supplier:		Addres	SS:		
Tel:	Fax:				
Supplier:		Addres	ss:		
Tel:	Fax:				
Supplier:			ss:		
Tel:	Fax:				
Officer / Owner Infor	mation				
Full Name:		Title:			
Home Address:					
				State:	
Full Name:					
Home Address:		Tel:			
		Driver Lic.#:		_State:	

#### Authorization (Must be signed)

By my signature, I hereby authorize and give permission to **GSW** to run a full investigation of our credit history, including, but not limited to obtaining a consumer credit report. I also authorize **GSW** to contact the listed references and hereby give permission to those references to release information about our credit experience with them.

\*\*\*\*\*\* IN THE EVENT ALL TRANSACTIONS ARE SUBJECT TO COLLECTION, IT WILL BE SUBJECT TO CALIFORNIA JURISDICTION. \*\*\*\*\*\*

\*\*\*\*\*\* All transactions are subject to UCC1 filing, the governing law shall be the State of California. \*\*\*\*\*\*

Printed Name:		Title:		
Signature:		Date:		
GSW Credit Department Only Approved / Rejected by:	Reasons:			
Approved Credit Limit: \$	Terms:	Date:	Account #:	



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# **PAYMENT AGREEMENT**

We agree to pay all bills within the stated term of sales. We agree to pay a service charge of \$25.00 for any checks returned from our bank unpaid for any reason.

We agree not to transfer or assign this agreement without the prior written consent of GSW. We agree to give written notice to GSW prior to the sale or transfer of all or substantially all of the stocks or assets of our business; if we fail to do so, we shall remain fully liable for any unpaid merchandise received by the buyer or transferee of the business.

We also agree that all shipments are to be paid by COD or cashier's check until credit approval. All 30 days past due invoice are subject to a 10% late fee charge from unpaid invoice amount.

In the event all transactions are subject to collection, it will be subject to California jurisdiction. All transactions are subject to UCC1 filing, the governing law shall be the State of California. Company Name: \_\_\_\_\_\_
Printed Name: \_\_\_\_\_

 Signature:
 \_\_\_\_\_\_

# **INDIVIDUAL PERSONAL GUARANTY**

I, the undersigned, for and in consideration of your extending credit to the business entity identified in the above terms agreement as the "Purchaser", personally guarantee prompt payment of any obligation of the Company to GSW (including, but not limited to, all interest and charges), whether now existing or hereinafter incurred, and I further agree to bind myself to pay on demand any sum which is due by the Company to GSW whenever the Company fails to pay the same. It is understood that this guaranty shall be an absolute, continuing and irrevocable guaranty for such indebtedness of the Company.

I expressly waive presentment, demand, protest, notice of protest, dishonor, diligence, notice of default or nonpayment, notice of acceptance of this guaranty, notice of the extending of any guarantied indebtedness already or hereafter contracted for by the Company, notice of any modification or renewal of any credit agreement evidencing the indebtedness hereby guarantied and to all renewals or extensions of such indebtedness. I further waive any right to require GSW to proceed against, or make any effort at collection of the guarantied indebtedness from, the Company or any other party liable for such indebtedness.

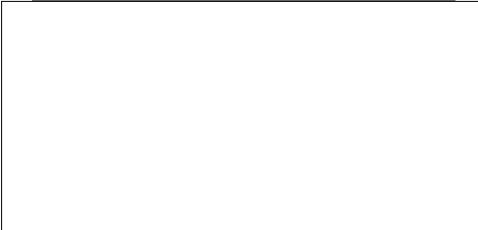
If the guarantied indebtedness is not paid by me when due, and this guaranty is placed in the hands of an attorney for collection, or suit is brought hereon, or it is enforced through any judicial proceeding what's over. I shall pay all reasonable attorney fees and court costs incurred by GSW.

In the event more than one party executes this guaranty as guarantor, then each guarantor agrees to be jointly a severally liable for the guarantied indebtedness, and, in all instances herein, the singular shall be construed to include in plural.

Guarantor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Home Address: SSN: \_\_\_\_\_\_\_\_ Driver License #: Witness Signature: Witness Name: Please place the Guarantor's Driver License / ID here to copy.





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# **BANK ACCOUNT CREDIT VERIFICATION**

TO PROCESS CREDIT APPLICATION PROMPTLY, CUSTOMER MUST PROVIDE BANKING INFORMATION: **1. TO BE COMPLETED BY THE APPLICANT:** 

BANK NAME:	TEL:
BANK OFFICER:	FAX:
BANK ADDRESS:	ACCOUNT #1:
	ACCOUNT #2:
APPLICANT'S COMPANY NAME:	
ACCOUNT HOLDER NAME:	
COMPANY ADDRESS:	TEL:
	FAX:
	BOVE MENTIONED BANK TO RELEASE FINANCIAL CABLISH CREDIT TERM WITH GSW.
APPROVED BY (*WHOM IS THE B	BANK AUTHORIZED PERSON)
PRINTED NAME:	TITLE:
SIGNATURE:	DATE:

# **2. TO BE COMPLETED BY THE BANK:**

THE COMPANY LISTED ABOVE WOULD LIKE TO ESTABLISH CREDIT TERM WITH GSW. WE WOULD APPRECIATE YOUR FURNISHING US WITH YOUR EXPERIENCE. ALL INFORMATION WILL BE HELD IN A STRICT CONFIDENCE. **PLEASE COMPLETE WHERE APPLICABLE AND FAX THE COPY TO GSW CREDIT DEPARTMENT AT 626-286-0166.** THANKS FOR YOUR VALUABLE INFORMATION.

DATE TO OPEN ACCOUNT:	EQUITY LINE LIMIT: US\$
ACCOUNT #1 BALANCE: US\$	FUND AVAILABLE: US\$
ACCOUNT #2 BALANCE: US\$	NSF CHECK:
ADDITIONAL COMMENTS:	
COMPLETED BY BANK OFFICER	
PRINTED NAME:	TITLE:
SIGNATURE:	 DATE:



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SIGNATURE <sup>.</sup>	DATE:	