



14910 GARFIELD AVE
 PARAMOUNT CA 90723
 Phone: (562) 633-8044
 Fax: (562) 633-8071

CREDIT APPLICATION

How applied: Phone In person By mail Sales representative: _____
 Line of credit requested: \$ _____ Type of business: _____

Business name: _____ Phone number: () _____

DBA Name: _____ Secondary #: () _____

E-Mail address: _____ Website address: _____

Mailing address: _____
 (STREET) (CITY) (STATE) (ZIP CODE)

Shipping address: _____
 (STREET) (CITY) (STATE) (ZIP CODE)

How long at above physical address: _____ Federal tax ID number: _____

Date business established: _____ State, country or city business license # (if available): _____

OWNERSHIP: (ALL SPACES MUST BE COMPLETED) Sole proprietorship Partnership Corporation

President or Owner: _____ Social Security # _____ - _____ - _____ D.O.B. _____
 (NAME)

Home address: _____
 (STREET) (CITY) (STATE) (ZIP CODE)

TRADE REFERENCES: (ALL SPACES MUST BE COMPLETED)

COMPANY NAME	ADDRESS	PHONE NUMBER	ACCOUNT NO.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK REFERENCES: Checking Loan or LOC Savings

BANK NAME	ADDRESS	ACCOUNT NUMBER	PHONE NO.
1. _____	_____	_____	_____
2. _____	_____	_____	_____

APPLICANT AGREES TO PAY ANY COLLECTION COSTS INCURRED TO COLLECT ANY DELINQUENT BALANCE OWING TO CREDITOR, INCLUDING BUT NOT LIMITED TO COLLECTION AGENCY COSTS, COURTS COSTS, ATTORNEY FEES AND INTEREST AT A RATE OF 18% PER ANNUM. THE UNDERSIGNED, AS AN INDUCEMENT TO GRANT CREDIT, WARRANTS THAT THE INFORMATION SUBMITTED IS TRUE AND CORRECT. YOU ARE AUTHORIZED TO INVESTIGATE THE CREDIT REFERENCE LISTED ABOVE. BY SIGNING THIS I'M ALSO GIVING MY PERMISSION FOR LOS ALTOS BOOTS TO RUN A CONSUMER REPORT, IN ORDER TO DETERMINE MY ELIGIBILITY.

 (SIGNATURE) (PRINTED NAME) (DATE)

PERSONAL GUARANTEE (Must be signed by all accounts):

In the event this account is delinquent and satisfactory arrangements have not been made for payment all legal, attorney fees, and collection costs will be assumed by debtor. By applying for credit, being accepted, and signing this application, I agree to the above term and conditions. I also assume personal responsibility for payment of said corporation's account. It is understood that credit would not be extended to said corporation without this assumption of liability. This guarantee and every part hereof shall extend to and be obligatory to my heirs, executors, administrators, and assigns and shall inure to the benefit of Los Altos Boots:

Date: _____ Name: _____ Spouse: _____

Signature: _____ Signature of Spouse: _____

D.O.B _____ Social Security No: _____ S.S. No. of Spouse: _____

Date: _____ Name: _____ Spouse: _____

Signature: _____ Signature of Spouse: _____

CREDIT DEPARTMENT USE ONLY

Application reviewed by: _____ Line of credit _____: APPROVED DENIED
 If approved line amount \$ _____ Terms: _____ Net: _____
 Comments _____