



# CREDIT APPLICATION

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NAME OF BUSINESS (DBA): \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION  
 DATE & STATE OF INCORPORATION: \_\_\_\_\_  
 TYPE OF BUSINESS: \_\_\_\_\_ # YEARS IN BUSINESS: \_\_\_\_\_  
 EMPLOYER I.D.#: \_\_\_\_\_  
 ACCOUNTS PAYABLE (NAME & TITLE): \_\_\_\_\_  
 A/P ADDRESS & PHONE (IF DIFFERENT): \_\_\_\_\_

### PROPRIETORS, PARTNERS, OFFICERS (PLEASE INCLUDE ALL PRINCIPALS)

1. FULL NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

2. FULL NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

3. FULL NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_  
 SOCIAL SECURITY #: \_\_\_\_\_ DRIVERS LICENSE #: \_\_\_\_\_

BANK NAME: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/ZIP: \_\_\_\_\_  
 BANK OFFICER NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

### CREDIT REFERENCES (PLEASE PROVIDE AT LEAST FOUR REFERENCES)

1. NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

3. NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

4. NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
 PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

The information and statements in this application are true and complete, and they are made for the purpose of establishing an agreement to conduct business now and in the future. You are, hereby, authorized to obtain any information you consider necessary from any source concerning the statements in this application. In consideration of, and in order to induce you to do business with this company and to establish an open account line of credit based on the foregoing application, the undersigned individually promises to pay and guarantees payment for all purchases in accordance with your terms of sale. If at any time, for any reason, the purchaser is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my/our account interest computed at the legal rate of 1 1/2% per month on any past due amount owing on my/our account. In the event it becomes necessary for your company to incur collection costs, or to institute suit to collect any amount due under this agreement, or any portion thereof, the undersigned promises to pay such additional collections costs, charges and expenses including attorneys fees, if the account is placed in the hands of an attorney or collection agency for collection.

PRINCIPALS' OR OFFICERS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_