

H.J. SHERMAN COMPANY, INC.
15023 CALIFA STREET
VAN NUYS, CA 91411
PHONE: 818.988.4640 FAX: 818.988.0055

CREDIT APPLICATION

BUSINESS NAME: _____

DBA: _____ OWNER'S NAME: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ FAX: _____

SHIPPING ADDRESS (IF DIFFERENT FROM ABOVE): _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ FAX: _____

TYPE OF BUSINESS: _____

YEARS IN BUSINESS: _____

OF STORES: _____ CITY: _____ STATE: _____ ZIP CODE: _____

STORE HOURS: _____ AT PRESENT LOCATION SINCE: _____

RESALE #: _____

TYPE OF OWNERSHIP: _____ SOLE OWNERSHIP _____ PARTNERSHIP _____ CORP. _____ DATE INC. _____

BANK NAME: _____

BANK ADDRESS: _____

BANK FAX # : _____

BANK ACCOUNT NUMBER: _____

OWNER'S NAMES, HOME ADDRESSES & HOME PHONE NUMBERS:

1) _____

2) _____

THE ABOVE INFORMATION IS TRUE AND CORRECT AND IS SUBMITTED TO SECURE CREDIT.

SIGNATURE: _____ TITLE: _____ DATE: _____

(PRINT NAME): _____

IN CONSIDERATION OF H.J. SHERMAN CO., INC. EXTENDING CREDIT TO THE ABOVE NAMED APPLICANT, FOR MERCHANDISE TO BE PURCHASED WHETHER APPLICANT BE A CORPORATION, PARTNERSHIP, INDIVIDUAL, OR OTHER ENTITY, THE UNDERSIGNED PERSONALLY GUARANTEES PAYMENT IN FULL OF ALL VALID INVOICES RENDERED TO THE APPLICANT BY H.J. SHERMAN CO., INC. IN THE EVENT THAT AN OUTSTANDING INDEBTEDNESS IS NOT PAID TIMELY AND H.J. SHERMAN CO., INC. PLACES YOUR ACCOUNT FOR COLLECTION, THE CORPORATION, PARTNERSHIP, OR INDIVIDUAL AGREES TO PAY REASONABLE ATTORNEY AND/OR COLLECTION FEES. THIS GUARANTEE IS AND SHALL BE IN EFFECT UNTIL IT IS CANCELLED IN WRITING AND RECEIVED BY H.J. SHERMAN CO., INC. BY REGISTERED MAIL, RETURN RECEIPT REQUESTED. I ALSO AGREE TO PAY 1 1/2% PER MONTH LATE CHARGES ON PAST DUE INVOICES.

SIGNATURE: _____ TITLE: _____ DATE: _____

PLEASE LIST TRADE REFERENCES WITH WHOM YOU PURCHASE ON AN OPEN ACCOUNT AND HAVE DONE SO FOR AT LEAST ONE YEAR.

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ACCOUNT NUMBER: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ACCOUNT NUMBER: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ACCOUNT NUMBER: _____

I AUTHORIZE H.J. SHERMAN CO., INC. TO INVESTIGATE OUR CREDIT WORTHINESS FOR THE PURPOSE OF OBTAINING MERCHANDISE ON CREDIT. I ALSO AUTHORIZE THE RELEASE OF INFORMATION REGARDING OUR ACCOUNT FROM OUR CREDITORS.

SIGNATURE: _____ TITLE: _____ DATE: _____