



EMPIRE CLEANING SUPPLY

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APPLICATION FOR CREDIT
Form#C16 - rev #1

Empire Sales Rep: _____

/ /

Company Name _____ Date _____

Street Address _____ City _____ State _____ Zip _____

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Phone _____ Fax _____ E-mail _____ Credit Line Requested _____

BUSINESS TYPE	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation - In State of _____	<input type="checkbox"/> Partnership

Federal Tax # _____

Duns # _____

OWNERSHIP

Name of Owners _____ Address of Owners _____ Home Phone _____

Name of Owners _____ Address of Owners _____ Home Phone _____

ACCOUNTS PAYABLE CONTACT

() ()

AP Name _____ Phone _____ Fax _____ AP E-mail _____

BANK REFERENCE

Bank Name _____ Bank Acct.# _____

Branch Address _____ City _____ State _____ Zip _____

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Branch Phone _____ Branch Fax _____

TRADE REFERENCES

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Firm Name _____ City _____ State _____ Zip _____ Phone _____

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Firm Name _____ City _____ State _____ Zip _____ Phone _____

In consideration of Empire Cleaning Supply, its subsidiaries and/or affiliates (collectively, "Empire"), extending credit to (company name above), I/we jointly and severally, do personally guarantee unconditionally, at all times, to Empire, the payment of indebtedness or balance of indebtedness owed by (company name above), to Empire. This is a continuing guarantee.

By _____

Attorney's fee language to be included in credit application and invoices/ purchase orders:

The prevailing party in any litigation to enforce this agreement shall have the right to collect from the other party its reasonable costs and necessary disbursements and attorney's fees incurred in enforcing this agreement.

All Statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make and all inquiries necessary for action on the credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey. Terms: Net 30 Days. All accounts past 30 days will be C.O.D.A charge of 1.5% per month (18% annually) will be assessed against any past due balance. If collection becomes necessary, all additional costs will be assessed to your account. Signature constitutes agreement to above terms.

Authorized Signature _____ Title _____

/ /

Print Name _____ Date _____