



Taylor's Appliance
 6140 MAGNOLIA AVE.
 RIVERSIDE, CA 92506
 PH (951) 683-6365 FAX (951) 683-6506
CREDIT APPLICATION

*At Taylor's the
 difference is service!!*

NAME ON ACCOUNT: _____ PHONE: _____
 MAILING ADDRESS: _____ FAX: _____
 STREET ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TYPE OF BUSINESS: _____ DATE EST.: _____
 CORPORATION: _____ PARTNERSHIP: _____ SOLE OWNER: _____
 FEDERAL ID: _____ RESALE # OR CONT. LIC.#: _____

(Include completed Resale Card If Applicable)

HAS YOUR COMPANY EVER FILED BANKRUPTCY? _____
 IF PROPERTY MANAGEMENT CO., PROPERTIES WE WILL BE SERVICING OR SELLING TO.
 (PLEASE ATTACH LIST) WITH NAMES, ADDRESSES, AND PHONE#S. CHECK IF APP. _____

CREDIT REFERENCES

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE/ZIP: _____
 TELEPHONE: _____
 FAX # _____
 ACCOUNT #.(IF APPLICABLE): _____

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE/ZIP: _____
 TELEPHONE: _____
 FAX# _____
 ACCOUNT # (IF APPLICABLE): _____

Please do not use: Home Depot, Lowe's, Office Depot, Banks or Credit Cards as they will not provide credit information.

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE/ZIP: _____
 TELEPHONE: _____
 FAX # _____
 ACCOUNT #.(IF APPLICABLE): _____

NAME: _____
 ADDRESS: _____
 CITY: _____
 STATE/ZIP: _____
 TELEPHONE: _____
 FAX# _____
 ACCOUNT # (IF APPLICABLE): _____

CREDIT POLICY

TERMS: PLEASE PAY FROM INVOICE. ALL ACCOUNTS ARE DUE THE 10TH OF THE MONTH FOLLOWING PURCHASE. NO RETENTION SHALL BE HELD ON ANY INVOICE. A SERVICE CHARGE OF 1 ½% PER MONTH (ANNUAL RATE 18%) WILL BE CHARGED ON ALL ACCOUNTS 30 DAYS AND OVER. BUYER SHALL PAY TO SELLER ANY EXPENSE INCURRED IN RECOVERING POSSESSION AND SAID PROPERTY OR IN COLLECTING ANY UNPAID BALANCE OF THE PURCHASE PRICE, INCLUDING COURT COSTS AND ANY REASONABLE ATTORNEY'S FEES. ALL PAST DUE ACCOUNTS ARE SUBJECT TO CANCELLATION OF CHARGING PRIVILEGES.

THIS APPLICATION **MUST BE SIGNED BY THE OWNERS OR AUTHORIZED OFFICERS** OF YOUR COMPANY OR CORPORATION.

DATE: _____ PRINTED NAME/TITLE: _____

SIGNATURE: _____

PERSONS AUTHORIZED TO USE THIS ACCOUNT: _____

FOR OFFICE USE ONLY

AR.# _____ APPROVED BY: _____ CREDIT LIMIT _____ DATE: _____