

CREDIT APPLICATION



Name of Firm _____ Contact Person _____

Ownership: _____ Corporation (provide type of Corp) _____ Partnership _____ Proprietorship

Description of Business _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

At present location since (Date) _____ Year established _____

SS# or Fed Tax ID# _____ Permission for Santec to check TRW _____

Has this firm or any of the Principals ever declared Bankruptcy? _____ YES _____ NO

If Yes, Explain: _____

References

Name _____	Phone _____	Fax _____
Address _____	City / State / Zip _____	
Name _____	Phone _____	Fax _____
Address _____	City / State / Zip _____	
Name _____	Phone _____	Fax _____
Address _____	City / State / Zip _____	
Name _____	Phone _____	Fax _____
Address _____	City / State / Zip _____	

Bank References

Bank Name _____ Branch _____

Account Number _____ Phone _____

Applicant agrees to pay any collection costs incurred to collect the amount balance, including reasonable attorney fees. The undersigned as an inducement to grant credit warrants that the information submitted is true and correct. *Santec, Inc* is authorized to investigate the credit references listed above.

Company Officer's Signature _____ Print Name _____ Title _____ Date _____

Personal Guarantee

In consideration of credit extended by *Santec, Inc* to the above named applicant for merchandise to be purchased whether applicant be an individual, a proprietorship, a partnership, a corporation or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to *Santec, Inc* the faithful payment, when due, of all accounts of said applicant for purchases made within five years, next after the date of application. The undersigned guarantor or guarantors each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment and demand for payment on applicant, protest and notice to undersigned guarantor or guarantors of dishonor or default by applicant or with respect to any security held by partial compromise. All other notices that the undersigned guarantor or guarantors might otherwise be entitled and demand for payment under this guarantee, any revocation of this guarantee shall be in writing and delivered to *Santec, Inc*.

Company Owner's Signature _____ Print Name _____ Title _____ Date _____

For Internal Use Only	
Expected Yearly Sales with Santec:	_____
Number of Initial Displays:	_____
Approved Santec Discount*:	_____

* Customers' discounts with Santec are subject to change on October 1st of every year based on customers' yearly performance.



CREDIT POLICY

STATEMENT

Santec's credit policy is to extend credit to all applicants who fall within the appropriate risk parameters. Credit decisions are made based on the realistic appraisal of verified information provided by the applicant to determine their ability and willingness to pay their creditors.

CREDIT APPROVAL PROCEDURES

Upon receipt of a completed Santec credit application, the analysis of basic information for the approval of credit is: bank references, trade references, organizational details (type of structure, years in business), and miscellaneous qualifiers such as the credit history of principals or a personal guarantee. The credit application is designed to obtain limited but critical information. Less than full disclosure will hinder the credit approval process.

TERMS OF SALE

Santec does not offer any discounts when paying invoices. Terms offered are either Net 30 or C.O.D., which is based on the information gathered from checking bank and trade references. Payment by the customer on Net 30 terms is due and payable within 30 days from the date of the invoice. If payment is not received within said 30 day period, customer may be assessed a late charge equal to 1 ½ % of the unpaid amount per month. Accounts that become 60 days past due will automatically be put on hold (no orders will be accepted) until the account is brought current. Accounts that have been placed on hold and the balance becomes 90 days or more past due, will be assigned to a collection agency and the account will be closed.

I have read and understand the above statement and terms set forth by Santec.

Signature

Name & Title

Date



*****IMPORTANT - ORDER PENDING*****

Date:	
Bank Name:	
Attn:	Account Verification / Bank Officer
Bank Fax Number:	
Bank Account #:	
Bank Account Name:	
Account Address:	

The above-mentioned company has applied for an open account with our company and provided your bank as a reference. Please provide the information requested below. All information furnished will be handled in the strictest confidence.

WE APPRECIATE YOUR TIMELY RESPONSE, AS ORDERS ARE PENDING - PLEASE FAX YOUR RESPONSE TO 310-793-4215, OR EMAIL: khermenegildo@santecfaucet.com

THANK YOU,
 Kim Hermenegildo
 Phone: (310) 542-0063 x1234

Date Account Established _____ Average Balance _____

Any checks returned for non-sufficient funds during the past year? _____

Available Line of Credit \$ _____ Unused portion of credit \$ _____

Bank Officer's Name _____ Signature _____

Bank Officer's Phone no. _____

I AUTHORIZE RELEASE OF THE ABOVE REQUESTED INFORMATION -

Customer's Name/Title _____

Signature _____ Date _____