



CREDIT APPLICATION

Please complete and fax this form to our A/R Department at (510) 226-6104

TERMS NET 30

I am being serviced by your

- California office Illinois office

(Kindly provide representative's name on right)

Sales Rep _____

Date _____

APPLICATION INFORMATION

Company Name _____ D&B No. _____
 Company Address _____ City _____
 Phone _____ Fax _____ State _____ Zip _____
 A/P _____ A/P _____ Credit Line _____
 Contact _____ Phone/Ext _____ Requested \$ _____
 Employees at this location _____ Total Employees _____ Sales Volume \$ _____

Type of Business

- Sole Proprietorship
 Partnership
 Subsidiary
 Division
 Corporation in state of _____
 Resale Number _____

Years in business under this name _____ Years located at this address _____

Payment personally guaranteed? Yes No

(If yes, please fill out a Personal Guarantee Form)

By _____

Title _____

OWNERSHIP INFORMATION

Owner Name	Phone	Fax	
Home Address	City:	State:	Zip:
Owner Name	Phone	Fax	
Home Address	City:	State:	Zip:

TRADE REFERENCES

Company Name	Phone	Fax	
Address	Account #		
Company Name	Phone	Fax	
Address	Account #		
Company Name	Phone	Fax	
Address	Account #		

BANK REFERENCES

Bank Name	Phone	Fax	
Address	Account #		
Bank Name	Phone	Fax	
Address	Account #		

All Statements made herein are true and accurate to the best of my/our knowledge. FIT Bearings is authorized to make any and all necessary inquiries to process this credit application. We hereby indemnify them and their agents from any liability resulting from this credit review.

A bank authorized signature is required for processing

Signature _____

Title _____ Date: _____

11/06



PERSONAL GUARANTOR FORM

Confidential - A/R Department Only

Please complete and fax this form to our A/R Department at (510) 226-6104

TERMS NET 30

My account is handled by Sales Rep _____ Date _____

GUARANTOR INFORMATION

Name _____ SSN _____ - _____ - _____ Own
 Home Address _____ City _____ Rent
 Phone _____ Fax _____ State _____ Zip _____ Monthly mortgage/rent \$ _____
 Drivers License # _____ License Issuing State _____
 By filling out this Personal Guarantor Form, I wish to provide a personal guarantee for Company Name _____ Phone _____
 Company Address _____ City _____ State _____ Zip: _____

GUARANTOR BANK INFORMATION

Bank Name	Phone Number	Fax Number
Bank Address		Account Number
Bank Name	Phone Number	Fax Number
Bank Address		Account Number

GUARANTOR CREDIT CARD INFORMATION

Card Number	Card Type	Phone Number
Card Issuer	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Expiration Date
Card Number	Card Type:	Phone Number
Card Issuer	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex	Expiration Date

PERSONAL REFERENCES

Name	Phone Number	Relationship
Address		Years Known
Name	Phone Number	Relationship
Address		Years Known
Name:	Phone Number	Relationship
Address:		Years Known

I, personal guarantor, by signing, agree that all statements made herein are true and accurate to the best of my knowledge. I authorize the above company to make any and all necessary inquiries to process this application. I understand that a personal credit check will be performed. I hereby indemnify FIT Bearings and their agents from any liability resulting from this credit review.

A bank authorized signature is required for processing

Guarantor Signature _____

Date _____