
C R E D I T A P P L I C A T I O N

TO:

ATTN:

FROM:

RE: CREDIT APPLICATION

MESSAGE:

Dear Prospective Customer:

Please fill out this credit application as completely as possible to ensure proper processing. Feel free to send your preprinted credit reference information in lieu of our form, but we do require a signature on our second page.

We need a total of three trade references that you buy from on open account. These must not be plumbing wholesalers as most wholesalers act as distributors for Dawson Company and are quite sensitive to the perception that we are competing for their existing customer base.

If you would like to receive an order and shipping acknowledgement, please provide buyer contact name and email address.

Thank you for your cooperation.



Main Office & Warehouse
2124 N. Lincoln Ave
Altadena CA 91001
626-797-9710 Fax: 626-798-4659

APPLICATION FOR CREDIT

DATE: Monthly Credit Desired:

FIRM NAME PHONE #

STREET CITY

FAX # A/P (BILLING) FAX #

STATE ZIP WEBSITE

BILLING ADDRESS

TYPE OF BUSINESS YEAR ESTABLISHED

RESALE NO. (PLEASE SUBMIT RESALE CARD)

CALIFORNIA STATE CONTRACTORS LICENSE NO.

NAME OF BONDING COMPANY

I WILL SUPPLY A CURRENT FINANCIAL STATEMENT IF REQUIRED. YES NO

ARE YOU INTERESTED IN PAYING VIA ELECTRONIC FUND TRANSFER (EFT)? YES NO

IF A CORPORATION, PLEASE COMPLETE THIS SECTION

WE ARE INCORPORATED UNDER THE STATE LAWS OF

NAME SS# TITLE

ADDRESS CITY STATE

NAME SS# TITLE

ADDRESS CITY STATE

IF A PARTNERSHIP OR INDIVIDUAL, PLEASE COMPLETE THIS SECTION

OWNER/PARTNER PHONE #

ADDRESS CITY STATE FAX NO.

SS # DRIVER'S LICENSE #

ACCOUNTS PAYABLE OFFICE:

NAME HOURS PHONE NO.

E-MAIL ADDRESS FAX NO.

TRADE REFERENCE (Give only names of those you buy from on open account)

NAME _____ PHONE # _____ FAX # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ PHONE # _____ FAX # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME _____ PHONE # _____ FAX # _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHECKING ACCOUNT # _____ SAVINGS _____ LOAN _____

INDIVIDUAL AUTHORIZED TO SIGN ON OPEN ACCOUNT:

BUYER _____ EMAIL _____

IS A JOB NO. REQUIRED FOR BILLING? _____ IS A P.O. NO. REQUIRED? _____

BUYER HEREBY WARRANTS THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, FURNISHED FOR PURPOSE OF OBTAINING CREDIT. IN CONSIDERATION OF CREDIT EXTENDED, BUYER AGREES TO PAY ALL PURCHASES IN ACCORDANCE WITH THE TERMS SHOW ON INVOICE. BUYER AGREES TO PAY ALL REASONABLE ATTORNEY'S FEES AND/OR COLLECTION CHARGES INCURRED BY SELLER BY REASON OF BUYERS DEFAULT IN PAYMENT ON THIS ACCOUNT. PAST DUE ACCOUNTS SHALL BEAR INTEREST AT THE RATE OF 1% PER MONTH.

BY AND TITLE

NAME OF FIRM

WHO MAY WE THANK FOR REFERRING YOU TO DAWSON COMPANY?

COMPANY: _____ INDIVIDUAL: _____

*****FOR COMPANY INTERNAL USE*****

SALESMAN # _____

TERRITORY CODE _____

CUSTOMER TYPE _____

LEAD SOURCE : () INSIDE SALES () ORDER PENDING () OUTSIDE SALES
() OTHERS