

Aronson Manufacturing

7640 Gloria Avenue, Van Nuys, CA 91406 Phone: (818) 787-5160 Fax: (818) 787-4673 Website:
www.a2zhose.com

CREDIT APPLICATION

Please complete form, have officer/owner/partner sign, and return.

Company Name _____ Phone () _____

Billing Address _____ City/State _____ Zip _____

Shipping Address _____ City/State _____ Zip _____

Principal(s) _____ Phone () _____

Address _____ City/State _____ Zip _____

Type of Business _____ Resale No. _____ Fed ID No. _____

Proprietorship Partnership Corporation State of Incorporation _____

User Dealer OEM No. of Yrs. In Business _____ No. of Employees _____

D&B Rating _____ TRW _____ Name of Buyer _____

Trade References

Name _____
Address _____
City/State _____
Zip _____ Phone() _____
Date Opened _____ High _____ Bal _____
Terms _____ How Paid _____

Name _____
Address _____
City/State _____
Zip _____ Phone() _____
Date Opened _____ High _____ Bal _____
Terms _____ How Paid _____

Name _____
Address _____
City/State _____
Zip _____ Phone() _____
Date Opened _____ High _____ Bal _____
Terms _____ How Paid _____

Name _____
Address _____
City/State _____
Zip _____ Phone() _____
Date Opened _____ High _____ Bal _____
Terms _____ How Paid _____

Bank Reference

Bank _____
Address _____
City/State _____
Zip _____ Phone () _____
Checking Account No. _____
Loan Account No. _____

Date Opened _____ Average Bal. _____
Loan Origination Date _____
(if applicable)
High _____ Bal. _____
Payment History _____

Guarantee of Payment and Acceptance of Terms

In consideration of your extending credit, the terms and conditions of all sales as set forth on your shipping documents and invoices are hereby accepted. Standard terms are net cash 30 days from date of invoice. The undersigned further agrees that any portion of the invoice amount which has not been paid within 30 days of the invoice date will accrue a monthly service charge of 1.5% of the past due balance or an annual rate of 18%.

By _____
Officer Signature _____ Title _____ Date _____

Print Name _____ DL No. _____ SSN _____

By _____
Officer Signature _____ Title _____ Date _____

Print Name _____ DL No. _____ SSN _____

This application form must be signed by an officer/owner/partner of the company.