



SAF-T-CO SUPPLY INC.

1300 E. Normandy Place • Santa Ana, CA 92705
 (714) 547-9975 • FAX (714) 547-2983
 www.saftco.com
 WBE Distributor of Electrical and Utility Products

NAME OF BUSINESS		FEDERAL TAX I.D.	TELEPHONE NO.
BUSINESS ADDRESS (PHYSICAL LOCATION)			FAX NO.
MAILING ADDRESS – OR P.O. BOX			
WEBSITE		E-MAIL ADDRESS	
YEAR BUSINESS ESTABLISHED	CONTRACTOR'S LICENSE NO.	LICENSE CLASS	NATURE OF BUSINESS
RESALE NO. _____		IF DEALER, PLEASE SEND RESALE CARD. SALES TAX WILL BE CHARGED UNTIL RESALE CARD IS IN OUR OFFICE	
INDIVIDUAL/SOLE OWNERSHIP <input type="checkbox"/>		CORPORATION <input type="checkbox"/>	
		PARTNERSHIP <input type="checkbox"/>	
1	FULL NAME		TITLE
	HOME ADDRESS		DRIVER'S LICENSE NO.
			SOCIAL SECURITY NO.
		HOME TELEPHONE	
OWN OR RENT HOME	YEARS AT ABOVE ADDRESS	IF LESS THAN 3 YEARS, GIVE PREVIOUS ADDRESS	
2	FULL NAME		TITLE
	HOME ADDRESS		DRIVER'S LICENSE NO.
			SOCIAL SECURITY NO.
		HOME TELEPHONE	
OWN OR RENT HOME	YEARS AT ABOVE ADDRESS	IF LESS THAN 3 YEARS, GIVE PREVIOUS ADDRESS	
INITIAL ORDER OF \$1,000 IS REQUIRED TO OPEN AN ACCOUNT, WITH A MONTHLY AVERAGE OF \$3,000.			
HOW MUCH DO YOU EXPECT TO PURCHASE EACH MONTH WITH SAF-T-CO?			
OPEN OR TRADE REFERENCES (Preferably Other Local Material Suppliers)			
1	COMPANY		TELEPHONE NO.
	ADDRESS		FAX NO.
2	COMPANY		TELEPHONE NO.
	ADDRESS		FAX NO.
3	COMPANY		TELEPHONE NO.
	ADDRESS		FAX NO.
BANK REFERENCE			
NAME OF BANK		BRANCH	ACCOUNT NUMBER
ADDRESS			
TELEPHONE NO.	FAX NO.	TYPE OF ACCOUNT	YEAR ACCOUNT OPENED

It is understood and accepted by the undersigned Applicant that:

- A. **AN INITIAL ORDER OF \$1,000 IS REQUIRED TO OPEN AN ACCOUNT, WITH A MONTHLY AVERAGE OF \$3,000.**
- B. All open account charges are due and payable Net 30 days or within 10 days after applicant's receipt of payment from the general contractor or owner for products sold to Applicant on an open account basis, which ever is first to occur. All open account charges shall be deemed delinquent and subject to a liquidated (specified in paragraph C) charge unless paid for within thirty (30) days after the open account charge is made.
- C. Applicant hereby acknowledges that late or delinquent payment by Applicant on its account will cause SAF-T-CO Supply, Inc. to incur costs not contemplated by the parties in opening the account, the amount of which will be extremely difficult to ascertain. Such costs include, but are not limited to, processing charges, bookkeeping charges, accounting charges and legal fees. Therefore, if payment of any charge is not received by SAF-T-CO Supply, Inc., within ten (10) days after such charges have become due, then, without any requirements for notice to Applicant, Applicant shall pay to SAF-T-CO Supply, Inc. a liquidated damage charge equal to 1-1/2 percent per month for such overdue amount. Applicant and SAF-T-C Supply, Inc. agree that such liquidated damage charge represents a fair and reasonable estimate of the costs SAF-T-CO Supply, Inc. will incur by reason of late payment by Applicant. Acceptance of payment of such charge by SAF-T-CO Supply, Inc. will not constitute a waiver of Applicant's default with respect to such overdue amount nor prevent SAF-T-CO Supply, Inc. from exercising any other rights or remedy granted hereunder or by law.
- D. Should Applicant fail to pay any charges to its account when due or should bankruptcy, receivership, assignment for the benefit of creditors or other insolvency proceeding be instituted by or against Applicant or its property, SAF-T-CO Supply, Inc. may at its option, cause the entire unpaid balance of Applicant's account to become immediately due and payable.
- E. Applicant agrees to pay all costs incurred by SAF-T-CO Supply, Inc. in the collection of any charges to its account which become delinquent, whether or not SAF-T-CO Supply, Inc. institutes suit. Said costs include, but are not limited to, attorneys' fees, costs of suit, lien fees, collection agency fees and any and all other costs of collecting, suit or the enforcement of judgment incurred by SAF-T-CO Supply, Inc. Should suit be filed with regard to Applicant's account, the party prevailing in such suit shall be awarded its reasonable attorneys' fees.
- F A service charge of \$25.00 will be applied to each returned check.

The undersigned hereby certifies that this application is for the purpose of securing credit from SAF-T-CO Supply, Inc. solely on the basis of this application and financial data submitted herewith, and agrees to the terms set forth.

Company Name

Signature of Owner and /or Officer

Title

THE FOLLOWING MUST BE COMPLETED AND SIGNED BY ALL CORPORATE OFFICERS.

PERSONAL GUARANTY

In consideration of the extension of credit by SAF-T-CO Supply, Inc. to _____
“(Applicant) herein,” the undersigned does jointly and severally personally guarantee to pay and be responsible for the payment of all sums, balances and accounts due SAF-T-CO Supply, Inc. by Applicant, including collection charges and/or attorneys' fees. This shall continue in force notwithstanding any change in the form of such indebtedness or renewals or extensions granted by SAF-T-CO Supply, Inc. without obtaining consent thereto, and until expressly revoked by written notice from me/us to SAF-T-CO Supply, Inc. I/we do hereby waive notice of the acceptance of this agreement, notice default or nonpayment and waive action required to any statute against the Applicant. No delay of SAF-T-CO Supply's part in exercising any right hereunder, or taking any action to collect or enforce payment of any obligation hereby guaranteed, either as against the Applicant or any other person primarily or secondarily liable to SAF-T-CO Supply, Inc. shall operate as a waiver of any such right or in any manner prejudice SAF-T-CO Supply, Inc.'s rights against me/us. I/we agree that in the event of any default at any time by Applicant, SAF-T-CO Supply, Inc. shall be entitled to look to me/us immediately for full payment without prior demand or notice.

Signed this _____ day of _____ 20____

Print Name _____ Signature _____



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AUTHORIZATION TO RELEASE BANK INFORMATION

DATE: _____

TO: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CHECKING ACCOUNT NO.: _____

SAVINGS ACCOUNT NO.: _____

AUTHORIZED SIGNER: _____

(Please Sign Your Name)

(Please Print Your Name)

FOR BANK USE ONLY

To Whom It May Concern:

This is to advise that the abovesigned hereby authorizes you to disclose to SAF-T-CO Supply, Inc. the following information:

ACCOUNT NUMBER _____ DATE ACCOUNT OPENED _____

TYPE OF ACCOUNT _____ AVERAGE BALANCE _____

LINE OF CREDIT _____

SECURED UNSECURED TYPE OF SECURITY _____

*Thank you in advance for your cooperation.
SAF-T-CO Credit Department*