



2939 N. 31st Avenue, Phoenix, Arizona 85017
Phone: (602) 272-7925 | azrubber.com

CREDIT APPLICATION

Page 1 of 2

CREDIT REQUEST

DATE

AMOUNT OF CREDIT REQUESTED

PURCHASE ORDER NUMBERS REQUIRED?

Yes

No

BUSINESS INFORMATION

LEGAL BUSINESS NAME

BUSINESS ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP

BUSINESS PHONE

TYPE OF BUSINESS

YEARS AT THIS ADDRESS

PREVIOUS ADDRESS (IF LESS THAN ONE YEAR IN STATE)

FEDERAL TAX I.D. #

STATE TAX #

DOES THE COMPANY OWN REAL PROPERTY?

Yes

No

IF YES, PROPERTY ADDRESS

DOES THE INDIVIDUAL OWN REAL PROPERTY?

Yes

No

IF YES, PROPERTY ADDRESS

PARTNERSHIP OR PROPRIETORSHIP

Note: Social Security numbers may be left blank when returning this form by email. If preferred, call (602) 272-7925 to provide them securely by phone.

NAME

SOCIAL SECURITY #

DATE OF BIRTH

SPOUSE'S NAME

HOME ADDRESS / STATE / ZIP

CORPORATION — OFFICERS

PRESIDENT

SOCIAL SECURITY #

HOME ADDRESS / STATE / ZIP

VICE PRESIDENT

SOCIAL SECURITY #

HOME ADDRESS / STATE / ZIP

SECRETARY

SOCIAL SECURITY #

HOME ADDRESS / STATE / ZIP

TREASURER

SOCIAL SECURITY #

HOME ADDRESS / STATE / ZIP



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PRINCIPAL SUPPLIERS / TRADE REFERENCES (PLEASE LIST AT LEAST THREE)

REFERENCE 1 — NAME

PHONE

CONTACT

ADDRESS / STATE / ZIP

FAX / EMAIL

REFERENCE 2 — NAME

PHONE

CONTACT

ADDRESS / STATE / ZIP

FAX / EMAIL

REFERENCE 3 — NAME

PHONE

CONTACT

ADDRESS / STATE / ZIP

FAX / EMAIL

REFERENCE 4 — NAME

PHONE

CONTACT

ADDRESS / STATE / ZIP

FAX / EMAIL

BANK REFERENCE

BANK

BRANCH

PHONE

ACCOUNT NO.(S)

CONTACT

AGREEMENT

I/We herein make application for credit (or to reaffirm, update and/or continue an existing credit relationship) with the creditor herein, in both my/our corporate and individual functions, and signator this document on behalf of myself, partnership or corporation and any marital community of which I am part. When credit is granted, I/we jointly and severally promise to pay all bills when rendered and agree to be individually, corporately and communitarily liable for said obligations, unconditionally guaranteeing payment of all sums owed pursuant to this agreement. I/We understand that a service charge of 1.5% percent per month (18% APR) shall be added to all balances of account if not paid according to terms. If collection services by an independent organization becomes necessary, I/we agree to pay 25 percent (or \$150.00, whichever is the greater) as reasonable attorneys' fees. I/We understand that in the event of suit or action, venue shall take place in Maricopa County, Arizona and that I/we are waiving my/our right to litigate outside Maricopa County, Arizona. I/We authorize creditor herein or its agent to obtain credit information, verify and/or supplement the information stated herein.

DATE

PRINTED NAME & TITLE

SIGNATURE — INDIVIDUALLY AND CORPORATELY