



Subsidiaries of RJMS of Northern California, Inc.

APPLICATION FOR CREDIT

LEGAL NAME: _____ DATE: _____

d.b.a. _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

SHIPPING ADDRESS: _____

City: _____ State: _____ Zip: _____

TELEPHONE NUMBER(S): () _____ FAX() _____

Ownership: Corporation: _____ Partnership: _____ Proprietorship: _____ Year Business Started: _____

Purchase Order Required Yes _____ No _____

President/Owner: Name: _____

Controller: Name: _____

State Board of Equalization:

Resale No.: _____ Federal I.D. No. _____

(Copy of Resale Certificate must be on file)

TRADE REFERENCES: Check Box if Corporate Reference Sheet is attached

Name: _____ Telephone () _____

Name: _____ Telephone () _____

Name: _____ Telephone () _____

Name of Bank: _____ Account No.: _____

Address: _____ Telephone: _____

Contact: _____

The applicant hereby acknowledges that terms of payment for any and all goods and/or services, are NET THIRTY (30) DAYS from date of invoice, **except Equipment terms are Net 10**. A Finance Charge with a monthly periodic rate of 1-1/2 % (being an ANNUAL PERCENTAGE RATE OF 18%) is imposed on all past due amounts. Please pay from invoice. It is further acknowledged by the Applicant that should a Collection Process be instituted to recover any monies owed, liability for Court Fees, Attorney Fees, and all costs rests with the applicant.

PRINT NAME AND TITLE: _____

AUTHORIZED SIGNATURE: _____

Corporate Office:

31010 San Antonio Street, Hayward, CA 94544 Tel: (510)675-0500 Admin Fax: (510)675-0400 Parts Fax: (510)675-0490

Branch Offices:

Sacramento • Salinas • Fresno