



DIGITAL FACTORY  
 A DIVISION OF WEST-MARK  
 P.O. BOX 100 CERES, CA 95307-0100  
 PHONE: (209)537-4747 FAX: (209)537-1753  
 ATTN: DENICE WALKER



**CONFIDENTIAL CREDIT APPLICATION**

Account Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ County: \_\_\_\_\_

Organization: Proprietorship  Corporation  Partnership

Owner(s) or Officers' Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Owner(s) or Officers' Name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Year Present Ownership Established: \_\_\_\_\_ P.O. # Required: Yes  No

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Purchase Order Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax I.D. #: \_\_\_\_\_ Amount of Credit Requested: \$ \_\_\_\_\_

Sales Tax Status: Taxable  Non-Taxable  Resale # (if applicable): \_\_\_\_\_ (MUST PROVIDE RE SALE CARD)

Do you have an established line of credit for your business? Yes  No  Amount: \$ \_\_\_\_\_

Have you pledged collateral for your business? Yes  No

Details: \_\_\_\_\_

**TRADE REFERENCES:**

Supplier Name	Street or P.O. Box #	City, State & Zip	Phone & Fax
1. _____	_____	_____	PH: _____ FX: _____
2. _____	_____	_____	PH: _____ FX: _____
3. _____	_____	_____	PH: _____ FX: _____

**BANK REFERENCE:**

Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Guarantee of Payment and Acceptance of Terms**

In consideration of your extending credit, the Terms and conditions of sale, as set forth on your shipping documents and invoices, are hereby accepted. 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 percentage rate of 18%. A service charge of \$20.00 will be paid for each check returned unpaid.

I/We agree to the above terms and the undersigned is/are responsible for payment. I/We agree to pay all expenses, court costs and attorney fees and other expenses of litigation or preparation therefore resulting from my/our default in the payment of purchases. I/We certify that all the information on this form is correct and that I/We fully understand and agree to the terms and conditions of sale as specified above and agree to the proper payment in consideration of extended credit.

I/We hereby authorize you to obtain such information as you may require concerning the references listed, statements and other data from creditors pertaining to our credit history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of Principal, Officer, Partner or Owner)