

# BETTER HOME PRODUCTS

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## CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_  
 BILLING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 SHIPPING ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 OWNER'S NAME: \_\_\_\_\_  
 PRESIDENT'S NAME: \_\_\_\_\_  
 BUYER'S NAME: \_\_\_\_\_  
 ACCTS PAYABLE CONTACT NAME: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_  
 FAX NUMBER \_\_\_\_\_  
 RESELLER NUMBER \_\_\_\_\_  
 TAX I.D. NUMBER \_\_\_\_\_  
 Check One:  
 CORPORATION  
 PARTNERSHIP  
 INDIVIDUAL  
 OTHER (specify) \_\_\_\_\_  
 HOW ARE INVOICES GENERALLY PAID?  
 Check One:  
 DISCOUNT  
 30 DAYS

TYPE OF BUSINESS: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_ ANNUAL SALES: \$ \_\_\_\_\_  
 YEAR ESTABLISHED: \_\_\_\_\_ AT PRESENT LOCATION SINCE: \_\_\_\_\_  
 NAME OF BANK: \_\_\_\_\_ ACCT. NUMBER: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Amount of credit requested:**  
 \$ \_\_\_\_\_  
 (\$5,000 and over requires personal guarantee by one or more of the owners)

PLEASE LIST **THREE** CREDIT REFERENCES:

**1**

**2**

**3**

Company Name			
Street Address			
City/State/Zip			
Phone #			
Fax #			
Contact Name			

**CREDIT TERMS:** Upon approval of credit, Better Home Products credit terms are Net 30. A 3% 10-day payment discount is available for early payment. The early payment discount will not be accepted on any payments arriving later than 15 days after date of invoice. If invoices become past due, we reserve the right to stop shipment of any pending orders or backorders. In the event collection of an account must be enforced, all attorney's fees, court costs and collection fees are to be paid by the debtor.

I (we) certify that the above information is true and correct and that I (we) will comply with your terms.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_