



# CREDIT APPLICATION

2401 south 12<sup>TH</sup> street  
phoenix, az 85034-6601  
phone 602-495-6000  
fax 602-523-9675  
www.bertspaint.com

**CREDIT APPLICATION for** \_\_\_\_\_ **(Legal name of Company)**

**CREDIT Limit Requested : \$** \_\_\_\_\_ **default limit is \$1,000.00 ( Over \$ 3,000.00 requires Personal Guaranty)**

**Sales Rep Name:** \_\_\_\_\_ (if none, write house)

**I/WE** herein make application to BERT'S PAINT INC. for credit/or to update and reconfirm our existing account and balances with BERT'S PAINT INC. Applicant (s) give their permission to BERT'S PAINT INC. to verify the information stated herein, both business and personal. If credit is granted, I/WE promise to pay all bills rendered.

### Section I Business Data:

Billing Address: \_\_\_\_\_ Physical Address or Shop: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone # (\_\_\_\_) \_\_\_\_\_ Shop Phone # (\_\_\_\_) \_\_\_\_\_

Delivery Instructions (if any): \_\_\_\_\_

Purchase Orders Required : \_\_\_\_\_ Authorized People to Order: Attach separate page with Name (s) and Title.

Job Name Required: \_\_\_\_\_ Accepts Back Orders: \_\_\_\_\_

A/P Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

AZ State Tax License # \_\_\_\_\_ (Submit: AZ Form 5000 and a copy of AZDOR Transaction Privilege Tax License)

### Section II Ownership Information:

List Owner (s), Partner (s) of a Partnership or LLC, or Officers of a Corporation: (Attach additional sheet if necessary)

Name Residence Address: (include City, State, Zip) Social Security # Marital Status

\_\_\_\_\_  
\_\_\_\_\_

### Section III Default Agreement: Signature Required

In the event payment is not made and this account is referred for collection, I/WE will pay cost of collection equal to a minimum amount of thirty-five percent of the principal amount. I/WE understand interest on any unpaid balance will be charged at the rate of 1.5% per month. If suit or action by an attorney is instituted, I/WE promise to pay reasonable attorney fees in said suit or action. It is understood that billing of accounts receivables and credit are processed through headquarters in Maricopa County, AZ. It is understood that in the event of a suit or action, that Maricopa County, AZ is the venue for litigation. I/WE understand that I/WE are waiving our rights to litigate outside of Maricopa County, AZ. We further covenant and agree, if in your absolute discretion, if suit or litigation is filled, that the Superior Court or Northeast Judicial District of Maricopa County, AZ retains both in rem and in personum jurisdiction over us and all our assets.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

### Section IV PERSONAL GUARANTY

In consideration of Bert's Paint Inc. extending credit after the acceptance date hereunder for and on behalf of the Applicant, the undersigned hereby unconditionally and irrevocably, jointly and severally guarantee to Bert's Paint Inc. the full, prompt and complete payment of any and all indebtedness of Applicant at any time and from time to time, to Bert's Paint Inc. under the Agreement.

\_\_\_\_\_  
Guarantor Signature

\_\_\_\_\_  
Spouse Guarantor Signature

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_