



540 MARTIN AVENUE – SANTA CLARA, CA 95050
BUSINESS: (408) 988-3484 | (800) 464-3484
FAX:(408) 988-1142 | (800) 343-1142
LIC# 273742

APPLICATION FOR CREDIT

FIRM NAME _____ PHONE _____

ADDRESS _____ FAX _____

CITY _____ STATE _____ ZIP CODE _____

TYPE OF BUSINESS _____

AT PRESENT LOCATION _____

CONTRACTORS LIC. # _____ YR. ESTAB. _____

OWNER'S NAME _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

OWNER'S NAME _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

******IF THE FIRM IS A CORPORATION******

NAME OF CORPORATION _____

STATE OF INCORPORATION _____ DATE INCORPORATED _____

PRESIDENT'S NAME _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

SECRETARY'S NAME _____

HOME ADDRESS _____ STATE _____ ZIP CODE _____

TREASURER'S NAME _____

HOME ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP CODE _____

Bank information

BANK NAME & BRANCH_____

ACCOUNT NUMBER(S)_____

CONTACT NAME_____

PHONE_____FAX_____

******REFERENCES (MAJOR ACCOUNTS ONLY) ******

NAME_____

HOME ADDRESS_____

CITY_____STATE_____ZIP CODE_____

PHONE_____FAX_____

NAME_____

HOME ADDRESS_____

CITY_____STATE_____ZIP CODE_____

PHONE_____FAX_____

NAME_____

HOME ADDRESS_____

CITY_____STATE_____ZIP CODE_____

PHONE_____FAX_____

BY EXECUTING THIS APPLICATION FOR CREDIT, THE APPLICANT AGREES TO SUBMIT ITSELF, ITS GUARANTOR, SUCCESSORS AND ASSIGNS TO THE JURISDICTION OF THE STATE OF CALIFORNIA, AND TO REIMBURSE SOUTH BAY SHOWERS FOR THE REASONABLE ATTORNEY FEES IT INCURS IN THE EVENT LITIGATION IS REQUIRED TO ENFORCE ANY OBLIGATIONS OF THE APPLICANT ARISING OUT OF THE FURNISHING OF GOODS, WARES, SUPPLIES AND MERCHANDISE BY SOUTH BAY SHOWERS TO APPLICANT AS A RESULT OF THE CREDIT APPLIED FOR HEREIN. APPLICANT AGREES TO PAY TO SOUTH BAY SHOWERS A FINANCE CHARGE OF 1 1/2 % PER MONTH ON BALANCE OLDER THE 60 DAYS FROM INVOICE.

WE CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT, AND THAT WE FULLY UNDERSTAND YOUR CREDIT TERMS AND AGREE TO THE PROPER PAYMENT IN CONSIDERATION OF EXTENDED CREDIT

BY_____DATE_____

PRINT NAME_____TITLE_____

SHOWER DOORS * MIRROR WARDROBE DOORS * MOLDED SHOWER UNITS * TUB ENCLOSURES * MEDICINE CABINETS * MIRRORS
CULTURED MARBLE FOR VANITIES – SHOWERS – TUBS – WALLS * CUSTOM SHOWERS * FLORESTONE PANS * VANITY CABINETS

GENERAL GUARANTY

IN CONSIDERATION OF MATERIALS PROVIDED OR TO BE PROVIDED BY SOUTH BAY SHOWERS, INC., ITS SUBSIDIARIES OR AFFILIATES, TO:

THE UNDERSIGNED, ON BEHALF OF THEMSELVES INDIVIDUALLY AND OF THEIR MARITAL COMMUNITIES, HEREBY UNCONDITIONALLY GUARANTEE PAYMENT TO SOUTH BAY SHOWERS OF ALL LIABILITIES AND INDEBTEDNESS WHICH THE CUSTOMER HAS INCURRED OR MAY INCUR TO SOUTH BAY SHOWERS FOR MATERIAL AND/OR SERVICES RENDERED TO CUSTOMER.

THIS SHALL BE A CONTINUING GUARANTY AND SHALL BE BINDING WITHOUT NOTICE TO THE UNDERSIGNED OF ITS ACCEPTANCE AND SHALL COVER ALL OF THE CUSTOMER'S LIABILITIES TO SOUTH BAY SHOWERS UP TO AND INCLUDING THE TIME ALL OF THE UNDERSIGNED SHALL HAVE GIVEN WRITTEN NOTICE TO SOUTH BAY SHOWERS TO PROVIDE NO FURTHER MATERIALS OR SERVICES ON THE SECURITY OF THE GUARANTY. IN THE EVENT SUCH NOTICE, SOUTH BAY SHOWERS RESERVES THE RIGHT TO STOP PROVIDING MATERIALS AND/OR SERVICES TO THE CUSTOMER.

THIS GUARANTY SHALL BIND THE SUCCESSORS, ASSIGNS, PERSONAL REPRESENTITIVES, LEGATEES AND HEIRS OF THE GUARANTORS AND SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF CALIFORNIA.

BY EXECUTING THIS GUARANTY, THE UNDERSIGNED FURTHER SUBMITS THEMSELVES TO THE JURISDICTION OF THE STATE OF CALIFORNIA IF ENFORCEMENT OF ANY OBLIGATIONS HEREIN IS REQUIRED.

IN EXECUTING THE GERNERAL GUARANTY, THE GUARANTORS ACKNOWLEDGE THAT THEY HAVE READ THE FRONT PART OF THE APPLICATION FOR CREDIT, UNDERSTAND ITS TERMS, AND AGREE TO BE BOUND THEREBY.

DATED THIS _____ DAY OF _____ YEAR _____

AT _____

GUARANTOR (OWNER/OFFICER OF CORPORATION)
CORPORATION)

GUARANTOR (OWNER/OFFICER OF

ADDRESS (RESIDENCE)

ADDRESS (RESIDENCE)

SHOWER DOORS * MIRROR WARDROBE DOORS * MOLDED SHOWER UNITS * TUB ENCLOSURES * MEDICINE CABINETS * MIRRORS
CULTURED MARBLE FOR VANITIES - SHOWERS – TUBS – WALLS * CUSTOM SHOWERS * FLORESTONE PANS * VANITY CABINETS