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# CREDIT APPLICATION

**INSTRUCTIONS:** Please print or type. Fill in all spaces and complete by signing where indicated. A signature is mandatory and should be signed by owner, partner or corporate officer, stating title.

TRADE STYLE OR FIRM NAME \_\_\_\_\_

IF CORPORATION-FULL CORPORATE NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE ESTABLISHED \_\_\_\_\_ AT PRESENT LOCATION SINCE \_\_\_\_\_

OWNERSHIP DATA  Individual Owner  General Partnership  Corporation  Limited Partnership  Limited Liability Co

If incorporated: Date incorporated \_\_\_\_\_ Under laws of what State? \_\_\_\_\_

**OWNERS/OFFICERS:**

1. Name \_\_\_\_\_ Title \_\_\_\_\_ S.S.# \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_ S.S.# \_\_\_\_\_

Home Address \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Have any of the above ever had a business failure or filed any type of bankruptcy proceeding?  Yes  No If yes, describe fully on a separate page.

State Sales Tax #/Resale # \_\_\_\_\_ Issued by (State) \_\_\_\_\_

Describe your business operation \_\_\_\_\_

Number of employees \_\_\_\_\_ Is your business location owned leased \_\_\_\_\_

Name, address and telephone number of Landlord: \_\_\_\_\_

Bank Reference: \_\_\_\_\_  
NAME BRANCH ADDRESS

TYPE OF ACCOUNT/ACCOUNT # OFFICER TELEPHONE #

Business References: \_\_\_\_\_  
NAME ADDRESS TELEPHONE #

NAME ADDRESS TELEPHONE #

Describe fully any UCC Filings on your business assets \_\_\_\_\_

The above information is submitted for the purposes of obtaining credit. The undersigned authorizes you to make such inquiries as are necessary to obtain credit information and authorize my bank, suppliers, and credit references to release information regarding my account(s). Applicant agrees to pay all charges according to terms of sale. Past due accounts will be charged service charges of 1-1/2% per month, (annual percentage rate of 18%).

I/we agree that in the event suit is commenced to enforce collection, the jurisdiction and venue of the action shall be exclusively in the Superior Court for the County of San Diego, San Diego Branch, except that if the amount is within the jurisdiction of the Superior Court, the jurisdiction and venue shall be exclusively in the Superior Court for the County of San Diego, San Diego Judicial District.

I/We agree to pay all legal costs including collection agency fees, costs, legal costs, and reasonable attorney's fees if it becomes necessary to enforce collection or file suit.

I/We certify that everything stated on this application is true and correct to the best of my/our knowledge.

By: \_\_\_\_\_  
SIGNATURE OF OFFICER PRINT NAME TITLE AND DATE

By: \_\_\_\_\_  
SIGNATURE OF OFFICER PRINT NAME TITLE AND DATE