



CREDIT APPLICATION

(PLEASE TYPE OR PRINT)

3127 Fite Circle Suite G
 Sacramento, CA 95827
 Tel: (916) 368 7700

APPLICANT (BUSINESS OR CORPORATE NAME)			ACCOUNTS PAYABLE CONTACT NAME			APPLICATION DATE		
BUSINESS STREET ADDRESS				BILLING ADDRESS (STREET OR P.O.BOX)				
CITY		STATE	ZIP	CITY		STATE	ZIP	
BUSINESS PHONE #		YEAR ESTABLISHED		TYPE OF BUSINESS <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC & Subsidiary		IF INCORPORATED, IN WHAT STATE B & D #		
BUSINESS FAX #		NUMBER OF EMPLOYEES						
EMAIL ADDRESS		BUSINESS IS <input type="checkbox"/> Owned <input type="checkbox"/> Rented						
PRINCIPAL BUSINESS ACTIVITIES				FEDERAL IDENTIFICATION #		HAS OWNERSHIP CHANGED IN THE LAST 2-5 YRS? ___ YES ___ NO (If Yes, explain on a separate sheet of paper)		

OWNERS (IF APPLICANT IS A SOLE PROPRIETORSHIP OR PARTNERSHIP) OR OFFICERS (IF A CORPORATION)

NAME		TITLE	HOME ADDRESS, CITY, STATE, ZIP		HOME PHONE #
NAME		TITLE	HOME ADDRESS, CITY, STATE, ZIP		HOME PHONE #

BANK OR SAVINGS AND LOAN ASSOCIATION

NAME	BRANCH ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT
NAME	BRANCH ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT

CREDIT REFERENCE (List the three largest suppliers you buy from on open account)

NAME	ADDRESS, CITY, STATE, ZIP		
CONTACT PERSON	PHONE #	FAX #	
NAME	ADDRESS, CITY, STATE, ZIP		
CONTACT PERSON	PHONE #	FAX #	
NAME	ADDRESS, CITY, STATE, ZIP		
CONTACT PERSON	PHONE #	FAX #	
HAS APPLICANT OR ANY OF ITS PRINCIPALS EVER FILED A VOLUNTARY PETITION IN BANKRUPTCY? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. ___ YES ___ NO		HAS TAX LIEN OR CIVIL SUIT BEEN FILED AGAINST APPLICANT OR ANY PRINCIPAL WITHIN THE LAST 6 YEARS? IF YES, EXPLAIN ON A SEPARATE SHEET OF PAPER. ___ YES ___ NO	

TERMS: In consideration of Sunrise Shoes & Pedorthic Service extending credit to Applicant, the applicant agrees to pay for all items delivered or services rendered to the Applicant in accordance with the terms of each invoice. Applicant agrees to each of the terms and conditions of sale from Sunrise Shoes & Pedorthic Service to the Applicant. Applicant acknowledges that a **monthly service charge of 1 1/2%** shall be made on all sums due Sunrise Shoes & Pedorthic Service which have not been paid according to the Invoice terms. Should it become necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection and attorney fees in addition to all other sums due. Applicant authorizes Sunrise Shoes & Pedorthic Service to contact the banks and suppliers listed on this application, or any credit and financial agency concerning the Applicant at any time and from any source, to obtain the information needed to consider granting credit privileges. The undersigned warrants that the above agreement have been carefully read and that Applicant understands it completely.

 PRINT NAME OF APPLICANT

 TITLE

 SIGNATURE OF APPLICANT

 DATE

Please complete the attached resale certificate and return with this application. We will not be able to process any applications without the accompanying resale certificate. If you have any questions, please call Customer Care at (916) 368-7700 x201 between the hours of 10:00 am and 4:30 pm Pacific Standard Time.

Please fax these completed documents to our fax line at (916) 368-7717