

**Ron DuPratt Ford**  
1320 North First Street  
Dixon CA. 95620  
Office: (707)678-5555  
**Wholesale** :(877)466-9742  
Fax: (707)678-2824 Attn: David Reece

## **Business Credit Application Addendum- Wholesale**

All approved applications for credit accounts will have the following terms and conditions:

- All accounts are subject to terms of NET 30.
- Any balance billed is due and payable upon receipt of statement.
- Any balance not completely paid in full is subject to a monthly interest charge.
- No balance shall be carried on an account over 60 days.
- Any balance that carries a balance of 60+ days will automatically be subject to review and termination of privileges until balance is paid in full.
- At no time will interest be waived.
- Account privileges may be revoked at any time by credit grantor without reason.

By signing below, you and/or your company agree to terms and conditions stated.

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

Title: \_\_\_\_\_

## Ron DuPratt Ford

Last:	First:	Middle Initial:	Title:
Name of Business:		Resale #:	
Address:			
City:	State:	Zip:	Phone:

### Business Credit Application

#### Company Information

Type of Business:		In Business Since:	
Legal Form Under Which Business Operates:			
Corporation:	Partnership:	Proprietorship:	
Email Contact:		In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:
Address:	City:	State:	Zip: Phone:

#### **TRADE REFERENCES MUST INCLUDE FAX NUMBER.**

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
<b>FAX:</b>	<b>FAX:</b>	<b>FAX:</b>
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Credit Balance:

- **APPLICATIONS WILL NOT BE PROCESSED IF FAX NUMBERS ARE NOT PROVIDED**

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institution listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_