



# U-NEAC FASTENERS INC

*Industrial & Commercial Fasteners*

PH [916] 452-4704

FAX [916] 452-6716

7500 14<sup>TH</sup> AVE. #1 • SACRAMENTO, CA 95820

## CREDIT APPLICATION

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Shipping Address \_\_\_\_\_

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

Is Business Incorporated? \_\_\_\_\_ Date \_\_\_\_\_ State \_\_\_\_\_

If not, name and address of owner(s):

Name \_\_\_\_\_ Address \_\_\_\_\_

Date Established: \_\_\_\_\_ Number of employees: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Tax Exempt: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Seller's Permit No. \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_

Bank \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

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

**TRADE REFERENCES**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
Required

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
Required

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_  
Required

**Person responsible for Accounts Payable:**

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<b>Person who completed this form:</b>	<b>Title:</b>	<b>Date:</b>
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**WE THE UNDERSIGNED, HEREBY GIVE YOU INFORMATION OF OUR CREDIT WHICH WILL BE MONITORED MONTHLY. WE UNDERSTAND THE CREDIT TERMS ARE 1%10 NET 30 DAYS AND THAT A FINANCE CHARGE OF 18% PER ANNUM WILL BE CHARGED ON THE UNPAID BALANCE ON ALL INVOICES OVER 30 DAYS.(WE ALSO UNDERSTAND THAT OUR ACCOUNT WILL BE PLACED ON HOLD ON ALL ORDERS OVER 60 DAYS). WE AGREE TO THE TERMS AND FINANCE CHARGES AND WE FURTHER AGREE THAT ALL MERCHANDISE PURCHASES SHALL REMAIN YOUR PROPERTY UNTIL WHICH TIME WE PAY IN FULL. IF LEGAL ACTION SHOULD BE COMMENCED TO RECOVER ANY PAST DUE AMOUNTS WE SHALL PAY ANY ATTORNEYS FEES AND COURT COSTS. FURTHERMORE, WE UNDERSTAND YOU ARE TO BE NOTICED WITHIN 30 DAYS FROM DATE OF INVOICE ON ANY SHIPPING ERRORS OR PRODUCT DEFICIENCY IF PRODUCT HAS TO BE RETURNED. WE ALSO ACKNOWLEDGE ANY RETURN DUE TO OUR ORDER ERROR WILL BE SUBJECTED TO A MINIMUM 20% RESTOCKING CHARGE IF IT WAS SPECIALLY ORDERED. WE ALSO AGREE TO PAY BY THE TERMS WITH A MINIMUM CREDIT CARD AND ACCOUNT LIMIT OF \$10.00. WE ALSO AGREE TO STICK WITH THE TERMS WE ARE REQUESTING OF EITHER OPEN ACCOUNT OR CREDIT CARD.**

**I HAVE READ AND AGREE TO THE TERMS YOU HAVE STATED ABOVE.**

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_