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MESA • 357 E 10th Drive • Ext. 5 • Fax: 480 668-0019

PHOENIX • 2240 W Shangri La • Ext. 6 • Fax: 602 944-4027

AVONDALE • 1100 N Eliseo Felix Way • Ext. 7 • Fax: 623 850-0011

PLUMBING STORE • 2955 W Clarendon • Ext. 9 • Fax: 602 424-0400

CREDIT APPLICATION

FILL OUT COMPLETELY AND IF FAXED PLEASE FORWARD ORIGINAL

FIRM NAME _____ DATE _____
MAILING ADDRESS _____ E-MAIL _____
CITY _____ STATE _____ ZIP CODE _____ YEARS ESTABLISHED _____
PHONE _____ CELL PHONE _____ FAX _____
DESIRED CREDIT LIMIT _____ STATE RESALE NO _____ PLEASE ATTACH COPY OF PERMIT
HOME ADDRESS _____ PHONE _____
OFFICER OR OWNER _____ TITLE _____

REFERENCES: PLEASE LIST YOUR CURRENT MAJOR SUPPLIERS. GIVE ONLY NAMES OF THOSE YOU BUY FROM ON OPEN ACCOUNT. PLEASE DO NOT LIST SUBCONTRACTORS OR REVOLVING CREDIT ACCOUNTS.

Table with 4 columns: NAME, ADDRESS, PHONE, FAX. Rows 1-4.

The undersigned certifies that the above information is true and correct and agrees to pay for all goods purchased by Customer and the Customer's authorized representatives in compliance with the terms of the Seller. Unless otherwise agreed to in writing, said terms are that all goods are to be paid in full by the 15th of each month for all goods delivered during the previous month. Should default be made in payment when due, the balance plus 1.5% per month (18%APR) on all unpaid sums together with actual attorney's fee and all costs as the Seller may reasonably incur in the enforcement of the obligation.

FULL NAME OF COMPANY _____ SIGNATURE _____
DATE _____ PRINT NAME AND TITLE _____

CONTINUING PERSONAL GUARANTEE

I unconditionally guarantee the full and faithful performance of the above agreement and the payment of all amounts that may be due of Creditor hereunder at the time and in the manner therein specified for and in consideration Enabling Customer to acquire the property sold by Creditor to Customer and customer's authorized representatives.

DATE _____ SIGNATURE _____
PRINT NAME AND TITLE _____