

2975 Volpey way, Union City, CA, 94587 Ph: 408.975.7733
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PLEASE COMPLETE BOTH SIDES

TYPE OF ACCOUNT

Complete:

- _____ **COD** Complete Boxes 1, 2, 3, & 4
- _____ **CREDIT CARD** Complete Boxes 1, 2, 3, 4 & Attached Credit Card Authorization Form
- _____ **STANDARD NET/21 TERMS** Complete All but Credit Card Authorization Form

1 BILLING INFORMATION

"DBA" NAME _____	A/P PHONE _____
BUSINESS NAME _____	A/P FAX _____
ADDRESS _____	A/P CONTACT _____
ADDRESS _____	A/P EMAIL _____
CITY _____ STATE _____ ZIP _____	NOTE: STATEMENTS WILL BE SENT VIA EMAIL.

2 DELIVERY INFORMATION

CHECK IF SAME AS BILLING _____

LOCATION NAME _____	CONTACT NAME & TITLE _____
ADDRESS _____	SPECIAL DELIVERY INSTRUCTIONS <table border="1" style="width: 100%; height: 40px;"></table>
ADDRESS _____	
CITY _____ STATE _____ ZIP _____	Preferred Delivery Hours: _____
PHONE _____	Hours of Operation: _____
FAX _____	

3 COMPANY/OWNERSHIP INFORMATION

TYPE: _____ CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____ OTHER _____	
FEDERAL TAX ID _____	REQUIRED FOR SALES TAX EXEMPTION
OWNER/OFFICER _____	_____ RESALE CERTIFICATE ATTACHED
STREET _____	_____ NO RESALE CERTIFICATE ATTACHED
CITY _____ STATE _____ ZIP _____	
PHONE _____ FAX _____	
EMAIL _____	

If no Resale Certificate is provided, tax will be charged on ALL non-food items.

4 GUARANTEE

The undersigned warrants that the information contained in this credit application is true and accurate and agrees that the Applicant Company will pay for all goods and services as they come due. In the event the account is turned over to an attorney or to a collection agency for collection, the undersigned agrees to pay collection agency or attorney's fees and costs incurred in collection. In the event of dispute or litigation between the parties, it is hereby agreed that jurisdiction and venue shall vest in Santa Clara Co., California. The undersigned authorizes Area Distributors Inc. to make inquiries with any credit reporting agency, bank or trade reference in connection with the extension of credit requested by the undersigned. The undersigned also hereby authorizes Area Distributors Inc. to obtain personal credit reports on the principal(s) of the company that have signed below. In addition, I personally guarantee the performance of the company and/or corporation or individual.

CUSTOMER SIGNATURE _____	DATE _____
PRINTED NAME _____	TITLE _____
GUARANTOR SIGNATURE _____	DATE _____

TRADE REFERENCES

MUST HAVE A MINIMUM OF TWO (2)

COMPANY NAME _____

ACCOUNT # _____

Address

City

State

Zip

Phone

COMPANY NAME _____

ACCOUNT # _____

Address

City

State

Zip

Phone

COMPANY NAME _____

ACCOUNT # _____

Address

City

State

Zip

Phone

COMPANY NAME _____

ACCOUNT # _____

Address

City

State

Zip

Phone

BANKING INFORMATION

BANK NAME _____

EVER FILE FOR BANKRUPTCY?

____ YES ____ NO

CHECKING ACCOUNT # _____

PENDING SUIT OR LITIGATION?

____ YES ____ NO

SAVINGS ACCOUNT # _____

Please complete prior to sending to Area Distributors Accounting for processing -- FOR OFFICE USE

Sales executive name: _____

Estimated monthly spend: _____

Requested credit: _____

Is there a pending order? _____

Requesting custom printed merchandise? _____