

PACIFIC JOBBERS WAREHOUSE, INC. 2809 Kaihikapu Street Honolulu, Hawaii 96819 CREDIT APPLICATION

Mahalo for	applying! How did you hear about us?
Date:	Business Name:
Billing Addr	ess:
	dress:
Phone #:	Fax #:
E-mail Addr	ess:(Monthly Statements will be emailed only)
Name & Pho	ne # of Purchasers:
Entity of Bus	siness: [] Sole Proprietor [] Partnership [] Corporation
Name of Ow	ners, Officers, Partners:
1	Title:
2	Title:
3	Title:
4	Title:
	ness:
Date started	/ How many year(s) at the above business address?
Business add	ress is: [] Owned [] Rent/Leased Exp. Date:
References:	
Bank:	Phone No.:
	Address:

[] I would like to open a cash account.

[] I would like my purchases charged on my credit or debit card.(Only Visa or MasterCard)

[] I would like to open a charge account. I will provide 4 current supplier that I currently have charge privileges. Your account will be set as cash or credit card until we receive favorable credit report from 4 suppliers.



Principal Suppliers:

1	Phone:
	Fax:
2.	Phone:
	Fax:
3.	Phone:
	Fax:
4.	Phone:
	Fax:

I, (WE), have read this application and everything I have stated is true. I authorize Pacific Jobbers Warehouse Inc., to review my credit and business histories, and any other information in order to process this application in order to service and manage my account.

I, (WE), do hereby agree to the seller's (Pacific Jobbers Warehouse, Inc.) terms and conditions of Sale as documented by the seller and agree to make all timely payment as due. In case of any action(s) is/are instituted to collect any overdue portions of my account, I (WE), promise to pay such additional sum as court may adjudge reasonable for attorney's fee to be allowed in said suit of action.

The under signed states that person is benefited from the extension of credit to the application and personally guarantee payment for the products and supplies purchased from Pacific Jobbers Warehouse, Inc. together with any interests, costs and fees for which the applicant is liable.

ACKNOWLEDGMENT: Your signature on Pacific Jobbers Warehouse, Inc. application form constitutes your acknowledgment that you have read and understand the aforementioned notice.

Name:	Title:
Signature:	Date:
Name:	Title:
Signature:	Date:

Please note: Name and Signature must be of an owner, officer, and/or partner.

Pacific Jobbers Warehouse Salesman: email: