



CALIVE LLC
1460 PARK AEVNUE, EMERYVILLE, CA 94608
Tel: 510-891-1056 www.calivellc.com

Today's Date

APPLICATION FOR CREDIT

Please complete both pages of this application. We need to see your active trade references.

COMPANY INFORMATION:

COMPANY LEGAL NAME:
BILLING ADDRESS:
CITY: STATE: ZIP:
MAIN PHONE: MAIN FAX:
EMAIL ADDRESS: WEBSITE:
TYPE OF BUSINESS (Please Check One)
() CORPORATION () PARTNERSHIP () SOLE PROPRIETOR () OTHER
If Sole Proprietor, please provide SS#
BUSINESS LICENSE# FED TAX ID# RESALE#
TYPE OF BUSINESS YEARS IN BUSINESS NUMBER OF EMPLOYEES
ACCOUNTS PAYABLE NAME:
ACCOUNTS PAYABLE PHONE: ACCOUNTS PAYABLE FAX:
ACCOUNTS PAYABLE EMAIL:
Please indicate how you would like to receive invoices: Paper [] Fax [] Email []

SHIPPING INFORMATION:

SHIPPING ADDRESS:
CITY: STATE: ZIP:
RECEIVING CONTACT:
TEL: TAX: CONTACT:

BANK INFORMATION:

BANK NAME: ACCOUNT#
BANK'S BRANCH ADDRESS
CONTACT PERSON: PHONE: DATE ACCOUNT OPENED



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TRADE REFERENCE:

Please provide four active trade references (business that allow you to charge now).

Please do not list banks here.

COMPANY NAME: CONTACT: ADDRESS: CITY, STATE, ZIP: PHONE: FAX: CREDIT LIMIT: CURRENT TERMS: (Two columns of fields)

COMPANY NAME: CONTACT: ADDRESS: CITY, STATE, ZIP: PHONE: FAX: CREDIT LIMIT: CURRENT TERMS: (Two columns of fields)

Our terms are [] days net. Penalties of 1.5% per month will be assessed if not paid within [] days unless your invoice terms are otherwise stipulated.

Goods purchased for resale are exempt from sales taxes, in order to receive the sales tax exemption please provide us a valid resale certificate (for the ship-to state) with your Resale Number affixed.

STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

The undersigned hereby certifies 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, the undersigned hereby authorize the financial institutions listed in the credit application to release necessary information to the company for which credit is being applied in order to verify the information contained herein.

The undersigned hereby agrees that a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection



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including court and attorney costs.

The undersigned individual, who is either a principal of the credit application, a sole proprietor, partner in a partnership of the credit applicant or an officer of a corporation recognizes that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report on the undersigned by the above named business credit grantor, from time to time as may be needed, in the credit evaluation process.

NAME (Please Print): _____

TITLE: _____

SIGNATURE: _____

DATE: _____