



To help speed up the credit approval process, please read through and complete the following checklist.

Credit Application Check List:

1. Confirm all trade references listed are ready and willing to provide customer trade information.
(Some vendors refuse to provide this information until their customer has given them approval)
2. Page 1 completed in full:
 - a. If buying on re-sale please send application with sellers permit attached.
 - b. If buying on PO, please attach a PO sample form for our reference. (If any at all)
 - c. If requesting electronic invoicing, please provide email address.
 - i. Specify whether you want statements, invoices or both to go here.
3. Page 2 completed in full: (Authorized Signer completes)
 - a. Please complete in hand writing, not typed.
 - b. Only complete sections that apply to your company.
4. Page 3 completed in full: (Authorized Signer completes)
 - a. Please complete in hand writing, not typed
5. Locations List – Please provide a list of location names/addresses that will be utilizing the account's credit line for purchasing.

The approval process can take anywhere from 1 to 5 business days to complete. If all information provided is valid and accurate the approval process can be reduced to less than 3 business days.

South Bay Abrams Mfg. & Dist.
Accounting Dept.
PO Box 2118, Huntington Beach, CA 92647-0118
P: (714) 934-3408
F: (800) 774-8884



CREDIT APPLICATION

\$ _____
CREDIT AMOUNT REQUESTED

TODAY'S DATE

BUSINESS NAME _____		TYPE OF BUSINESS _____	
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D.B.A. _____		DATE ESTABLISHED _____	
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STREET ADDRESS _____		CITY _____	STATE _____	ZIP CODE _____
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PHONE NUMBER _____	FAX NUMBER _____	HOW LONG AT THIS ADDRESS? _____
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FORMER BUSINESS NAME & ADDRESS (IF APPLICABLE) _____		FEDERAL TAX I.D. NUMBER _____
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ARE YOUR PURCHASES FOR RESALE? YES RESALE CERTIFICATE REQUIRED NO **DO YOU REQUIRE A P.O.#?** YES NO

ACCOUNTS PAYABLE CONTACT _____	PHONE NUMBER _____	ENTER E-MAIL FOR ELECTRONIC INVOICING _____
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BUSINESS IS: C CORP S CORP LLC LLP PROPRIETORSHIP PARTNERSHIP NOT-FOR-PROFIT ORGANIZATION

STATE OF INCORPORATION _____	IF INCORPORATED, DATE OF INCORPORATION _____	FEDERAL I.D. NUMBER _____	CERTIFICATE OF RESALE NUMBER _____
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OWNERS / CORPORATE OFFICERS

OWNER / OFFICER (A) _____	SOCIAL SECURITY NUMBER (SSN#) _____	HOME PHONE NUMBER _____
HOME STREET ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____

OWNER / OFFICER (B) _____	SOCIAL SECURITY NUMBER (SSN#) _____	HOME PHONE NUMBER _____
HOME STREET ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____

TRADE REFERENCES

BUSINESS NAME - REFERENCE (A) _____	PHONE NUMBER _____	FAX NUMBER _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____

BUSINESS NAME - REFERENCE (B) _____	PHONE NUMBER _____	FAX NUMBER _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____

BUSINESS NAME - REFERENCE (C) _____	PHONE NUMBER _____	FAX NUMBER _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____

BANK REFERENCES

BANK NAME - REFERENCE (A) _____	ACCOUNT NUMBER _____	<input type="radio"/> CHECKING <input type="radio"/> LOAN <input type="radio"/> SAVINGS
CONTACT NAME _____	PHONE NUMBER _____	FAX NUMBER _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____

BANK NAME - REFERENCE (B) _____	ACCOUNT NUMBER _____	<input type="radio"/> CHECKING <input type="radio"/> LOAN <input type="radio"/> SAVINGS
CONTACT NAME _____	PHONE NUMBER _____	FAX NUMBER _____
STREET ADDRESS _____	CITY _____	STATE _____ ZIP CODE _____

HAS THE FIRM OR ANY OF IT'S PRINCIPALS EVER BEEN BANKRUPT? YES NO

IF YES, EXPLAIN: _____



Applicant certifies that all information contained herein is true and correct. Applicant grants permission to Rief Enterprises Inc. DBA South Bay Abrams Manufacturing & Distribution to obtain independent credit reports and other information from its references and bank, and authorizes the references and bank references to release information to Rief Enterprises Inc. DBA South Bay Abrams Manufacturing & Distribution, that may be used to determine credit worthiness. Applicant agrees to pay all bills as rendered, and agrees that overdue accounts are subject to monthly service charges of 18% per annum. Applicant's terms may be changed to COD should you fail to pay within terms stated on invoice rendered. Applicant agrees to pay all costs of collection, including actual out-of-pocket expenses if collected through a collection agency or attorney. You agree to notify us of an ownership change in writing.

Application must be signed by an officer or owner of the company.

Signature: _____ Dated: _____
Print Name: _____
Title: _____
Company: _____

The undersigned is either a sole proprietor, a partner in a partnership, an individual who may be executing a personal guarantee in connection with the extension of credit to Applicant.

Signature: _____ Dated: _____
Print Name: _____
Title: _____
Social Security Number: _____

IF THE APPLICANT IS A CORPORATION, LLP, OR LLC, THE FOLLOWING STATEMENT MUST BE SIGNED BY A CORPORATE OFFICER OR LIMITED LIABILITY PARTNER

In consideration of Rief Enterprises Inc. DBA South Bay Abrams Manufacturing & Distribution. extending credit to the above applicant, a corporation, the undersigned does hereby individually, personally, and unconditionally guarantee to Rief Enterprises Inc. DBA South Bay Abrams Manufacturing & Distribution, such sums of money as may at any time hereinafter become due to Rief Enterprises Inc. DBA South Bay Abrams Manufacturing & Distribution, from the said Applicant for goods, wares, merchandise and/or services sold or rendered to the applicant. I do hereby waive demand of all notices, including notice of non-payment, presentment of payment, notice of protest, suit, diligence and any requirements of legal proceeding against applicant.

Signature: _____ Dated: _____
Print Name: _____
Title: _____



DATE: _____

ATTN: CREDIT DEPARTMENT

FOR THE PURPOSE OF OBTAINING CREDIT WITH OUR COMPANY, YOUR NAME HAS BEEN GIVEN TO US FOR REFERENCE BY:

Would you please provide us with the following information? It would be held with the strictest confidence.

DATE ACCOUNT OPENED: _____

AVERAGE BALANCE: _____

AMOUNT PAST DUE: _____

HAVE THEY EVER HAD NSF CHECKS? **YES** **NO**

CREDIT APPLICATION RELEASE

I hereby authorize you to provide South Bay Abrams with the preceding information.

PRINT FULL NAME: _____ DATE: _____

SIGNATURE: _____

TITLE: _____

MAIL TO: SOUTH BAY ABRAMS MFG. & DIST.
15662 PRODUCER LANE
HUNTINGTON BEACH, CA 92649

OR

FAX TO: (714) 934-3447

Sincerely,

Jacob Frazier

