

# PIONEER PACKING, INC.

2430 SOUTH GRAND AVENUE ★ SANTA ANA, CA 92705 ★ (714) 540-9751 ★ FAX (714) 428-0291

## BANK AND COMMERCIAL SUPPLIERS REFERENCES

In order to establish credit with our company, the following must be obtained, in full, before credit can be granted. Thank you.

LEGAL NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MAILING ADDRESS IF DEFFERENT: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

YOUR COMPANY IS:  Corporation, Incorporated in/date: \_\_\_\_\_

Partnership (if so, state names and home address of all partners, use separate sheet if necessary)

Individual Sole Proprietor (if so, state name and address of such)

### BANK REFERENCES:

NAME OF BANK: \_\_\_\_\_ ACCT#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ BANK OFFICIER: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### COMMERCIAL SUPPLIERS:

NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TERMS: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TERMS: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_

NAME: \_\_\_\_\_ ACCT#: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TERMS: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_

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*This form MUST be submitted with the  
Credit Application in order to complete credit verification*

## CREDIT INFORMATION RELEASE

COMPANY NAME: \_\_\_\_\_

I, \_\_\_\_\_, hereby give Pioneer Packing permission to obtain  
(Please Print Name)  
my credit information.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



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## RESALE CERTIFICATE

Name of Purchaser: \_\_\_\_\_

Address of Purchaser: \_\_\_\_\_

**I HEREBY CERTIFY:**

That I hold a valid seller's permit No.: \_\_\_\_\_, issued pursuant to the Sales & Use Tax Law. That I am engaged in the business of selling: \_\_\_\_\_. That the property described herein, which we shall purchase from PIONEERPACKING, INC. will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration or display while holding it for sale in the regular course of business. It is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price of such property.

**Description of property to be purchased/rented:**

\*\*\*PLEASE CHECK ALL THAT APPLY BELOW\*\*\*

Packing Supplies:

Tape	Bubble	News	PVC Tape/Dispenser
Wrap	Inserts	Pelaspán	Polly Rope & Sheeting
Piano Straps	Carts	Caulking	Corrugated Moving & Storage Boxes
Desi Fridge	Dollies	Foam Cups	Stencil Products
Furniture Pads	Kleen Sweep	Klimps	Rubber Bands
Logistic Straps	Nylon Ties/Twine	Markers	Safety Belts
Moth Crystals	Polly Parts/Bags	Pallet Pads	Toilet Tissue
Paper Towels	PVC Tape/Dispenser	Polly Rope & Sheeting	Shoring Beams
Piano Straps	Stencil Products	Rubber Bands	Storage Vaults
Safety Belts	Toilet Tissue	Shoring Beams	Locks
Wire Tags	Wardrobe Bars		

Print Name of Purchaser or Authorized Agent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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## PERSONAL GUARANTEE/CREDIT AGREEMENT

If you have been in business less than three years, please list any prior companies that were either owned or operated by your principal officers or owners. \_\_\_\_\_

Do any of your officers or owners currently operate any other companies? If yes, please list the company's name and address: \_\_\_\_\_

Do you require purchase orders? Yes \_\_\_\_\_ No \_\_\_\_\_

The account will be delinquent if not paid in forty-five (45) days. If delinquent, the unpaid balance will be charged interest at the maximum legal allowable interest rate. Upon failure to pay the unpaid balance when due, the customer will be charged all reasonable attorney's fees and cost of collection. Any payments made will be used to pay unpaid interest charges, if any, and then to pay for the earliest charges to the account. If an action must be commenced to enforce the terms of this agreement, the customer agrees the county of the office to which the application was submitted shall be the proper venue of any action filed. This agreement and all charges on the account are subject to the prior approval of our credit department. When so approved, the terms of this application shall be binding upon the customer and us. Customer authorizes us to verify any of the information stated in this credit application/agreement and to check credit and payment history from time to time.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**GUARANTEE OF CREDIT:** In order to induce creditor to extend credit to the above named customer, the undersigned hereby personally guarantees to the creditor the prompt payment, when due, of every claim of the creditor, which may hereinafter arise in favor of the creditor against the customer. This is a continuing guarantee and shall remain in force until revoked by the undersigned by notice in writing to the creditor, but such revocation shall be effective only as to claims of the creditor, which arise out of transactions entered into after receipt of such notice. This obligation of the undersigned shall be absolute and shall not be affected by any surrender or release by the creditor to pay the cost of collection under this guarantee, including reasonable attorney's fees. A separate action may be brought against the undersigned without first enquiring creditor to proceed against the account holder. The obligations hereunder are independent of the customer's to creditor. The undersigned waives notice of customer's default and the benefit of any status of limitations effecting liability hereunder of the enforcement hereof.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_