

# HOLZMUELLER CORPORATION

1000 25<sup>TH</sup> Street, San Francisco, CA 94107  
PHONE: 415-826-8383 FAX: 415-695-8293

## CREDIT APPLICATION

NAME OF COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

COMPANY: INDIVIDUALLY OWNED \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_ OTHER \_\_\_\_\_

NAME OF OWNER (S), PARTNERS, AND OR CORPORATE OFFICERS:

\_\_\_\_\_

NAME OF BUSINESS ACTIVITIES \_\_\_\_\_

HOW LONG IN BUSINESS \_\_\_\_\_ HOW LONG AT CURRENT ADDRESS \_\_\_\_\_

CALIFORNIA RE-SALE# \_\_\_\_\_ P.O. NEEDED: YES \_\_\_\_\_ NO \_\_\_\_\_

PEOPLE AUTHORIZED TO SIGN FOR CHARGE ACCOUNT:

\_\_\_\_\_

\_\_\_\_\_

NAME OF ACCOUNTS PAYABLE PERSON: \_\_\_\_\_ Phone \_\_\_\_\_

**For Rentals-Certificate of Insurance Required- "Blanket Insurance"**  
Holzmueller Productions to be added as an **"Additional Insured"** for **\$1M.**

MERCANTILE REFERENCES (SUPPLIERS FROM WHOM YOU ARE CURRENTLY PURCHASING)

NAME/ COMPLETE ADDRESS INC ZIP CODE/ PHONE OR FAX NUMBER

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

### CONDITION OF SALE

In consideration of Holzmueller Corporation extending credit to the applicant, the applicant agrees to pay for all items delivered to, or at the request of, the applicant in accordance with the terms of the invoice. Any invoice unpaid on the last day of the month in which it is due will be subject to a **1.5-% monthly service charge, and an additional 1.5-% Service charge (annual percentage rate is 18%) will be due every (30) days thereafter.** A waiver of any one or more service charge (s) will not be deemed to be a waiver of any future service charge (s). Applicant further agrees that with regard to such service charge, the applicant and Holzmueller Corporation are parties to a written contract. Should it be necessary to place the account with a collection agency or attorney, the applicant agrees to pay all collection costs and attorney fees in addition to the other sums due. No returns without prior authorization. A 20% Restocking fee may be assessed on all returned merchandise.

Applicant in signing this application, also authorized above listed banking and trade references to respond to the Credit inquiries regarding applicant's account

SIGNED BY \_\_\_\_\_ TITLE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ DATE \_\_\_\_\_