



Prospective New Account,

Thank you for applying for credit at Acosta Sheet Metal Manufacturing.

Please complete the application in its entirety and **Provide Email Addresses or Fax Numbers for your references to expedite response time.** Completed applications may be emailed or faxed to begin the process; however, **WE DO REQUIRE THE SIGNED ORIGINAL APPLICATION** to be sent to us (via US Mail, FedEx, etc.) in order to open the account. If email addresses or fax numbers are not supplied, the process will be delayed. THERE ARE NO EXCEPTIONS TO ANY OF THE ABOVE.

**We cannot open an account if the application is not complete, if we do not have the original with the wet signature, or if the credit terms have been altered in any way.**

All special orders require full payment, in advance, prior to establishing an open account. We look forward to supplying you an excellent quality product with service to match.

Please do not hesitate to call if you have any questions. To reach the accounting department directly, please email [acctg@acostamfg.com](mailto:acctg@acostamfg.com), or fax to (408) 881-0177.

Thank you for your business.

Sincerely,

Inna Yaropolova

Accounts Receivable Manager



Acosta Sheet Metal Mfg.  
930 Remillard Court  
San Jose, CA 95122  
P: 408-275-6370  
F: 408-881-0177

## Credit Application

Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Federal Tax I.D. Number/Social Security Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Please check one: Owner  Partnership  Corporation

### **Name of Owner or Partners – if corporation, name of officers:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Driver's License Number of principle owner: \_\_\_\_\_

Address of Principle: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Established in: \_\_\_\_\_ How long at this address: \_\_\_\_\_

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State contractor's license number: \_\_\_\_\_ Are purchases (please check one) taxable  or resale

Will owner/president provide a personal guarantee for account (please check one) yes  or no

### **References (Please complete information for all three):**

Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fax # or Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fax # or Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fax # or Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Personnel Authorized to Purchase on Account: (please type all names, first and last name)**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name of purchasing agent: \_\_\_\_\_

Estimated monthly purchases: \_\_\_\_\_ Amount of credit requesting: \_\_\_\_\_

Job name required on all orders (please check one) yes \_\_\_ or no \_\_\_

Purchase order required on all orders (please check one) yes \_\_\_ or no \_\_\_ ; if yes, verbal \_\_\_ hardcopy \_\_\_

**Credit Terms:** Terms are net 30 days from invoice date. Sales will be C.O.D. if the account is past due and/or exceeds the approved credit limit.

**Litigation:** In the event Seller brings suit to enforce payment of the purchase plus late charges, purchaser hereby agrees to pay reasonable attorney's fees and all costs of suit. Purchaser agrees to proper jurisdiction for suit in Santa Clara County, State of California.

I (WE) CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, AND THAT WE CAN AND WILL COMPLY WITH YOUR TERMS.

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

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

----- DO NOT WRITE BELOW THIS LINE -----

\_\_\_\_\_  
Referenced Checked By

\_\_\_\_\_  
Credit Approved By

\_\_\_\_\_  
Remarks

\_\_\_\_\_  
Customer Contacted By

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Customer Type Credit Limit

\_\_\_\_\_  
Credit Refused By

\_\_\_\_\_  
Reason Refused