



131 West Harris Ave. South San Francisco, CA 94080 / Phone: 650.872.7711/ Fax: 650.583.2676 / Wholesale Rep. Gustavo

I / We should like to apply for an: OPEN ACCOUNT [] or COD ACCOUNT [] CREDIT LINE REQUESTED \$ _____

COMPANY NAME:	SOCIAL SECURITY # or FID #:
BILLING ADDRESS:	TELEPHONE NUMBER:
CITY, STATE, AND ZIP CODE:	FAX NUMBER:
HOW MANY YEARS IN BUSINESS?:	E-Mail Address:
	(A)[] SOLE PROPIETORSHIP (B)[] PARTNERSHIP (C)[] CORPORATION
AREAS YOU SERVICE:	

FILL IN IF A or B	COMPANY CONTACT:	TELEPHONE NUMBER:
	E-MAIL ADDRESS:	FAX NUMBER:
	ACCOUNTS PAYABLE CONTACT:	TELEPHONE NUMBER:
	E-MAIL ADDRESS:	FAX NUMBER:

FILL IN IF C	STATE IN WHICH INCORPORATED:	DATE OF INCORPORATION:	PHONE:
	PRESIDENT:	VICE PRESIDENT:	
	SECRETARY:	TREASURER:	
	County in which you are taxed:		

BANK REFERENCES		
BANK NAME :	ADDRESS:	ACCOUNT NUMBER:
NAME ON ACCOUNT:	TELEPHONE NUMBER:	FAX NUMBER:

TRADE REFERENCES		
COMPANY NAME:	ADDRESS:	TELEPHONE NUMBER:

I / WE agree to pay our account NET 30 days after invoice date. If not paid in accordance with these terms, the entire unpaid amount is considered past due. Balance not received within these terms, are subject to service charge of 1.50 % per month (18% annual percentage rate). In the event suit is filed to enforce payment reasonable court cost and attorney fees will be collected.

I/We authorized the above name Banks and Companies to release any information requested by AFG as to our credit worthiness.

SIGNATURE OF OWNER/PARTNER OR OFFICER:	SIGNATURE OF PARTNER/OFFICER:	DATE:
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Failure to complete request information may result in delay and inconvenience.