



LA LUZ

5367 AYON AVENUE, SUITE A
IRWINDALE, CALIFORNIA 91706
PH (626) 334-7764 FAX (626) 969-1206

CREDIT APPLICATION

Applicant D/B/A Name: _____

Business Telephone: (____) _____ - _____

Applicant Legal Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Accounts Payable Contact: _____

Applicant Business Organization

Proprietorship

Date Established: _____

Date your ownership began: _____ Franchise: (circle one) *yes* *no*

Social Security Number/EIN#: _____

General Partnership

Limited Partnership

Partner Name: _____

Social Security Number/EIN#: _____ Home Phone: (____) _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Partner Name: _____

Social Security Number/EIN#: _____ Home Phone: (____) _____ - _____

Street Address: _____

City: _____ State: _____ Zip: _____

Corporation EIN#: _____

General Partner : (circle one) *yes* *no*

Date of Incorporation: _____

State of Incorporation: _____

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President Name: _____

Secretary: _____

Treasurer Name: _____

Other: _____

Corporate Mailing Address: _____

Applicant References

(NO BANKS OR CREDIT CARDS PLEASE)

Trade reference name: _____

Contact Name: _____

Address: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____

City: _____ State: _____ Zip: _____

Trade reference name: _____

Contact Name: _____

Address: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____

City: _____ State: _____ Zip: _____

Trade reference name: _____

Contact Name: _____

Address: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____

City: _____ State: _____ Zip: _____

Bank Reference Name: _____

Phone: (____) ____ - ____ Fax: (____) ____ - ____

Checking Account #: _____

PERSONAL GUARANTEE AGREEMENT

FOR AND IN CONSIDERATION OF THE EXTENSION OF CREDIT TO _____,
HEREIN CALLED "DEBTOR", THE UNDERSIGNED HEREBY PERSONALLY GUARANTEES PAYMENT
OF ALL OBLIGATIONS TO **La Luz**, INCURRED BY THE "DEBTOR" UPON DEMAND, INCLUDING
COURT COSTS, COLLECTION AGENCY COMMISSIONS AND REASONABLE ATTORNEY FEES.

Print Name: _____ Signature: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

TERMS AND CONDITIONS

La Luz and any of its employees, officers or agents are authorized to obtain such information as any of them may require concerning Applicant's credit worthiness or the statements made on this document. Any person to whom this form is presented is authorized to disclose to La Luz and any of its employees, officers, or agents, any information requested, and Applicant hereby waives any claim against, and fully releases for any and all liability, such persons by reason of any disclosure. Applicant agrees to notify La Luz in writing of any development which may adversely affect Applicant's financial condition, promptly after the occurrence thereof. All statements appearing on this form are true and correct and are made for the purpose of obtaining credit from La Luz. Credit granted to applicant may, at the option of La Luz, be cancelled at any time upon notice to the Applicant. If credit is granted by La Luz to or for the benefit of the Applicant, the Applicant will pay when due all obligations of the undersigned to La Luz. If Applicant is a corporation or a partnership, the person(s) signing this agreement on behalf of such corporation or partnership hereby warrants that he/she has full authority from such corporation or partnership to sign this agreement and obligate the corporation or partnership hereunder and SAID PERSON(S) and the corporation and partnership shall be jointly and severally liable for all amounts that may be due and owing to La Luz under the terms of this agreement including attorney's fees and costs. La Luz is authorized to disclose to the proper person and bureau Applicant's performance of this agreement. In the event of default hereunder, the Applicant agrees to pay court costs and reasonable attorney's fees. This document and all information secured pursuant to its authority shall be and remain the property of La Luz whether or not credit is granted hereunder.

SIGNATURE OF APPLICANT

X _____

DATE: _____

TITLE

FOR OFFICE USE ONLY

LA LUZ ACCT#: _____

TERMS: _____

CREDIT LIMIT: _____

DATE PROCESSED: _____