

**ACTEK  
MFG. & ENG. CO.**

1110 Fullerton Road  
City of Industry, CA. 91748  
Toll Free: (800) 752-7229 Tel: (626) 581-3424 Fax: (626) 581-3423

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**APPLICATION FOR CREDIT  
(MUST BE COMPLETED AND SIGNED)**

FIRM NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

FAX# \_\_\_\_\_

BILLING ADDRESS & CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SHIPPING ADDRESS & CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

LIST OF OFFICERS, OR OWNERS \_\_\_\_\_

(PLEASE CHECK ONE)

CORPORATION: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ SOLE PROPRIETOR: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

DATE BUSINESS ESTABLISHED \_\_\_\_\_ INCORPORATED? \_\_\_\_\_

IF SO, UNDER LAWS OF WHAT STATE? \_\_\_\_\_

NAME & ADDRESS OF PRESENT LANDLORD \_\_\_\_\_

WHERE DO YOU BANK? \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS & CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TYPE OF ACCOUNT:

CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_ LOAD (SPECIFY) \_\_\_\_\_

ACCT# \_\_\_\_\_ ACCT# \_\_\_\_\_ ACCT# \_\_\_\_\_

LOAN OFFICER \_\_\_\_\_

HOW DO YOU USUALLY PAY YOUR BILLS? DISCOUNT \_\_\_\_\_ 30 DAYS \_\_\_\_\_ 60 DAYS \_\_\_\_\_ 90 DAYS \_\_\_\_\_

**I AUTHORIZE AND REQUEST MY CREDIT & BANK REFERENCES TO REPLY TO CREDIT INQUIRY FROM  
ACTEK MFG. & ENG.**

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

**REFERENCES: GIVE ONLY NAMES (AT LEAST 3) OF THOSE YOU BUY FROM ON OPEN ACCOUNT  
MUST HAVE COMPLETE ADDRESSES AND ZIP CODE WITH FAX NUMBERS**

NAME	ADDRESS	PHONE & FAX NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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**ALL APPLICANTS MUST COMPLETE RESALE TAX EXEMPTION**  
**THIS SECTION MUST BE COMPLETED BY AN OFFICER OF THE COMPANY**  
**UNABLE TO PROCESS WITHOUT SIGNATURE**

FIRM NAME \_\_\_\_\_

I HEREBY CERTIFY: THAT I HOLD VALID SELLERS PERMIT NO. \_\_\_\_\_  
ISSUED PURSUANT TO THE RETAIL SALES TAX ACT, THAT AM ENGAGED IN THE BUSINESS OF SELLING  
\_\_\_\_\_ THAT THE TANGIBLE PERSONAL  
PROPERTY DESCRIBED HEREIN WHICH I SHALL PURCHASE FROM: **ACTEK MFG. & ENG.** WILL BE RESOLD  
BY ME IN THE FORM OF TANGIBLE PERSONAL PROPERTY.

DESCRIPTION OF PROPERTY TO BE PURCHASED \_\_\_\_\_

PURCHASER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_ FAX# \_\_\_\_\_

DATE \_\_\_\_\_ AT \_\_\_\_\_

(CITY, STATE, & ZIP)

IF AVAILABLE – PLEASE ENCLOSE FINANCIAL STATEMENTS, ANNUAL REPORT OR BALANCE SHEET. THESE  
STATEMENTS WILL BE USED CONFIDENTIALLY FOR CREDIT EXTENSION INFORMATION ONLY AND WILL  
NOT BE FURNISHED OR DIVULGED TO ANY OTHER FIRM OR AGENCY.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE.

**TERMS: NET 30 DAYS**

SIGNED \_\_\_\_\_

FULL NAME OF FIRM

BY \_\_\_\_\_

SIGNATURE OF OWNER OR CORPORATION OFFICER

DATE \_\_\_\_\_

**STANDARD ARBITRATION CLAUSE**

Any controversy or claim arising out of relating  
to this contract, or the breach thereof, shall  
be settled by arbitration in accordance with the  
Commercial Arbitration Rules of the American  
Arbitration Association, and judgment upon the  
award rendered by the arbitrator(s) may be entered  
in any court having jurisdiction thereof.