



Customer Financial Services Application

APPLICANT INFORMATION
Exact legal name of company (no trade names or dba's):
("Applicant")

(Sold To)	
Address of Applicant's chief executive office:	Address where merchandise will be located:
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____

Years Applicant has been in business: _____	Legal form Applicant (e.g., Corporation, general partnership, limited partnership, LLC, non-profit, sole proprietor, other): _____ If "other," indicate type of legal entity: _____	Jurisdiction of Applicant's formation (e.g., Delaware): _____	Applicant's entity number: (This appears on the Articles of Incorporation, etc., issued by the state in which Applicant was formed.) _____
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(Bill To)	(Ship To)
Applicant's billing address:	Applicant's shipping address:
Street: _____	Street: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
A/P contact: _____	Purchasing contact: _____
A/P phone: _____	Purchasing phone: _____
A/P fax: _____	Purchasing fax: _____
A/P Contact Email: _____	Purchasing Contact Email: _____

Other Key Contact Information: Shipping/Receiving Contact: _____	Shipping/Receiving Email: _____
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Applicant's Federal Tax ID #: _____ MDR license number (California customer only): _____ MDR license number expiration date: _____	Is Applicant exempt from sales tax? <input type="checkbox"/> Yes <input type="checkbox"/> No IF TAX-EXEMPTED , PLEASE SEND / INCLUDE AN EXEMPTION CERTIFICATION FOR EACH STATE THAT WILL BE RECEIVING SHIPMENTS.
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APPLICANT'S OWNERSHIP INFORMATION	
Name: of principal: _____ Social security: _____ % of ownership: _____ % Home Address: Street: _____ City: _____ State: _____ Zip: _____	Name: of principal: _____ Social security: _____ % of ownership: _____ % Home Address: Street: _____ City: _____ State: _____ Zip: _____

Are you a member of a group purchasing or buying organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please include the group(s) and your membership number(s): _____ Group _____ Member # _____ Group _____ Member # _____ Group _____ Member #

BANK REFERENCE
Bank/Institution: _____ Account #: _____ Street: _____ Contact: _____ City: _____ Zip: _____ Phone: _____ Fax: _____

TRADE REFERENCE	
Company: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Account Number: _____	Company: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone: _____ Account Number: _____

FINANCIAL INFORMATION

Description of merchandise Applicant desires to finance:	Amount of financing requested: \$ _____ .00
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CONSENT AND AUTHORIZATION

APPLICANT HEREBY AUTHORIZES EACH OR SERVICE FIRST MERCHANDISE AND EACH OTHER FINANCIAL SERVICES COMPANY WHOM SERVICE FIRST MERCHANDISE ASKS TO CONSIDER PROVIDING FINANCING TO APPLICANT PURSUANT TO THIS FINANCIAL SERVICES APPLICATION, AND THEIR RESPECTIVE FUNDERS AND ASSIGNEES (COLLECTIVELY, THE "POTENTIAL FINANCING SOURCES") TO CONTACT ANY OR ALL OF THE ABOVE REFERENCES, AND TO OBTAIN AND USE ANY PUBLIC OR PRIVATE INFORMATION AVAILABLE TO MAKE A VALID CREDIT APPRAISAL OF APPLICANT, APPLICANT EXPRESSLY AUTHORIZES SERVICE FIRST MERCHANDISE TO DISCLOSE POTENTIAL FINANCING SOURCES, FOR THE PURPOSE OF ENABLING SUCH POTENTIAL FINANCING SOURCES TO CONSIDER THE EXTENSION OF CREDIT TO APPLICANT ONLY, THIS COMPLETED FINANCIAL SERVICES APPLICATION, APPLICANT'S FINANCIAL STATEMENTS, AND ANY OTHER FINANCIAL OR BUSINESS INFORMATION PROVIDED BY APPLICANT TO SERVICE FIRST MERCHANDISE.

THE INDIVIDUAL EXECUTING THIS FINANCIAL SERVICES APPLICATION, WHO IS A PRINCIPAL OF THE APPLICANT (THE "UNDERSIGNED PRINCIPAL"), RECOGNIZES THAT HIS OR HER INDIVIDUAL CREDIT HISTORY MAY BE A FACTOR IN THE EVALUATION OF THE CREDIT HISTORY OF THE APPLICANT, HEREBY CONSENTS TO AND AUTHORIZES SERVICE FIRST MERCHANDISE AND EACH POTENTIAL FINANCIAL SOURCE TO OBTAIN, FROM TIME TO TIME AS NEEDED IN THE CREDIT EVALUATION PROCESS, ONE OR MORE CONSUMER CREDIT REPORTS ON THE UNDERSIGNED PRINCIPAL. THE UNDERSIGNED PRINCIPAL EXPRESSLY CONSENTS AND AUTHORIZES SERVICE FIRST MERCHANDISE TO DISCLOSE TO POTENTIAL FINANCING SOURCES, FOR THE PURPOSE OF ENABLING SUCH POTENTIAL FINANCING SOURCES TO CONSIDER THE EXTENSION OF CREDIT TO APPLICANT ONLY, THIS COMPLETED FINANCIAL SERVICES APPLICATION (INCLUDING THE PERSONAL INFORMATION PROVIDED BY THE UNDERSIGNED PRINCIPAL TO SERVICE FIRST MERCHANDISE.

EACH OF APPLICANT AND THE UNDERSIGNED PRINCIPAL UNDERSTAND AND CONSENT TO, THE TERMS AND CONDITIONS OF THIS CREDIT POLICY.

Name of Applicant: _____

Signature of Officer: _____

Title of Officer: _____

Date: _____

Owner of Applicant in individual capacity:

Signature: _____

Name printed/typed: _____

Date: _____

***NOTICE:** Potential Financing Sources to which this Financial Services Application may be forwarded may be subject to Section 326 of the USA PATRIOT Act, which requires such Potential Financing Sources to obtain, verify, and record information that identifies each applicant who applies for financing (including the principal or principals signing this Financial Services Application). Such Potential Financing Sources are also subject to the Equal Credit Opportunity Act, which prohibits creditors from discrimination against credit applicants on the basis or race, color, religion, national origin, sex, marital status, age, receipt of public assistance, or exercise of legal rights, including the good faith exercise of any right under the Consumer Credit Protection Act. A federal agency that administers compliance with this law is the Federal Trade Commission, Equal Opportunity, Washington, D.C. 20580. Each applicant for credit may request (within 60 days of denial) a written statement of the reason for any credit denial and such statement must be provided by the Potential Financing Source denying the credit application within 30 days of applicant's request.*

Mail of fax completed application, latest financial statements and tax exemption certificate(s) (if applicable) to:

Service First Merchandise Inc.
Attn: Financial Services Dept.
3778 Garat Ct.
Chino, CA 91710
1-714-898-8237 (fax)