



**APPLICATION FOR CREDIT AND PURCHASE AGREEMENT
(FOR MATERIAL DEALER ACCOUNTS ONLY)**

ORCO BLENDED PRODUCTS

**11100 BEACH BLVD. • P.O. BOX D • STANTON, CA 90680
(714) 527-2239 • FAX (714) 889-1281**

For the purpose of obtaining merchandise from you on credit the following statement is made intending that you should rely on same as correct. Applicant also gives **ORCO BLENDED PRODUCTS** permission to check with any trade reference or credit bureau such as Experian, D&B, etc. for purpose of establishing or maintaining credit. Applicant will notify **ORCO BLENDED PRODUCTS** of any changes in business structure, principals or change of location. By signature below, applicant acknowledges all of the above.

BUSINESS NAME: _____ PHONE: (____) _____ FAX: (____) _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BILLING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

Is your mailing address a private postal service, ie. Mailbox Etc.? YES NO MOBILE PHONE: (____) _____

HOW LONG AT PRESENT LOCATION? _____ RENT OWN IS YOUR OFFICE IN THE HOME? YES NO

WE ARE DOING BUSINESS AS: INDIVIDUAL PARTNERSHIP LIMITED PARTNERSHIP CORPORATION LLC

DATE THIS BUSINESS STARTED _____ IF NEW, STATE PREVIOUS BUSINESS? _____

If Corp. or partnership: FEDERAL I.D.#: _____ STATE OF INCORPORATION: _____ DATE OF INCORPORATION: _____

PARENT CO. IF SUBSIDIARY: _____ CITY: _____ STATE: _____

If name is a Trade Style, has name been registered? Yes No What City: _____

Have you ever had a business failure or bankruptcy? Yes No Have you ever been sued or liened for unpaid material bills? Yes No

OWNERS OR OFFICERS	TITLE	RESIDENCE ADDRESS	HOME PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If materials will be for resale ATTACH YOUR RESALE CARD and ENTER RESALE NUMBER HERE: _____

DO YOU HAVE AN ORDER PENDING? YES NO APPROX VALUE \$ _____ Estimate of Monthly Purchases \$ _____

LANDLORDS NAME: _____ ADDRESS _____ CITY _____ STATE _____ PHONE _____

YOUR BANK _____ CHECKING A/C # _____ SAVINGS A/C # _____

BANK ADDRESS _____ PHONE _____

Will you make available current periodic statements necessary for credit purposes? YES NO If yes please attach most recent financial statement or complete FINANCIAL STATEMENT on reverse side of this application.

Do you pledge or borrow on your inventory/receivables? Yes No If yes from whom? _____

ACCOUNTANTS NAME _____ ADDRESS _____ PHONE _____

TRADE REFERENCES	ADDRESS	CITY	STATE	ZIP	PHONE
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AGREES TO PAY FOR ALL GOODS PURCHASED IN COMPLIANCE WITH THE TERMS OF THE SELLER. UNLESS OTHERWISE AGREED TO IN WRITING SAID TERMS ARE THAT ALL GOODS ARE TO BE PAID IN FULL BY THE 10TH OF EACH MONTH FOR ALL GOODS DELIVERED DURING THE PREVIOUS MONTH. SHOULD DEFAULT BE MADE IN PAYMENT WHEN DUE, A FINANCE CHARGE OF 1 1/2 % PER MONTH (18% PER YEAR) WILL BE CHARGED ON ALL UNPAID SUMS. APPLICANT AGREES TO PAY SAID FINANCE CHARGES ON ALL PAST DUE INVOICES, TOGETHER WITH ACTUAL ATTORNEY FEES, COSTS, EXPENSES AND EXPERT COSTS AND FEES AS THE SELLER MAY REASONABLY INCUR IN THE ENFORCEMENT OF THE OBLIGATION. BOTH BUYER AND SELLER AGREE TO THE FOLLOWING: 1) ALL SALES MADE BY ORCO BLENDED PRODUCTS, ARE GOVERNED BY CALIFORNIA LAW; 2) THE CALIFORNIA SUPERIOR COURT IN THE COUNTY OF ORANGE HAS JURISDICTION OVER THE APPLICANT; 3) THE CALIFORNIA SUPERIOR COURT IN THE COUNTY OF ORANGE IS A PROPER VENUE FOR ANY DISPUTE ARISING OUT OF THE SALE OR DELIVERY OF ANY GOODS TO APPLICANT; 4) IF APPLICANT IS A CONTRACTOR, THE UNDERSIGNED AGREES TO PROVIDE ORCO BLENDED PRODUCTS, THE INFORMATION NECESSARY TO FILE A PROPER AND VALID CALIFORNIA PRELIMINARY NOTICE AT LEAST TEN (10) DAYS PRIOR TO THE FIRST DELIVERY OF PRODUCT OR GOODS TO A PROJECT OR FOR A PROJECT; 5) SHOULD ANY PROVISION OF THIS AGREEMENT BE HELD INVALID OR VOID BY ANY COURT, THE REMAINING PROVISIONS SHALL CONTINUE IN FORCE.

By: _____
SIGNATURE

DATE _____

PRINTED NAME _____ TITLE _____

"PERSONAL GUARANTEE"

FOR AND IN CONSIDERATION OF SELLING ANY GOODS OR MATERIALS TO THE ABOVE APPLICANT ON OPEN ACCOUNT OR OTHERWISE BY ORCO BLENDED PRODUCTS, THE UNDERSIGNED PERSONALLY GUARANTEES, UNCONDITIONALLY AND AT ALL TIMES UNTO ORCO BLENDED PRODUCTS, THE PAYMENT OF ALL SUMS PURSUANT TO THIS AGREEMENT TOGETHER WITH ANY INTEREST OR FINANCE CHARGES THEREON AND THE COST OF COLLECTIONS THEREOF INCLUDING ACTUAL ATTORNEY FEES, COSTS, EXPENSES AND EXPERT COSTS AND FEES. THIS IS INTENDED TO BE AND IS A CONTINUING GUARANTEE AND SHALL NOT BE REVOKED EXCEPT BY WRITTEN NOTICE TO CREDITOR. THIS GUARANTEE SHALL BE BINDING UPON THEIR SUCCESSORS AND ESTATE OF THE UNDERSIGNED. CALIFORNIA LAW SHALL GOVERN THIS AGREEMENT.

DATED THIS _____ DAY OF _____ 20 _____

BY: _____
SIGNATURE OF GUARANTOR (DO NOT USE TITLE)

PARTNER / SPOUSE / OR CO-GUARANTOR

ORCO BLENDED STAFF MEMBER
REFERRING THIS CUSTOMER

STATEMENT SUBMITTED TO
ORCO BLENDED PRODUCTS

for the purpose of establishing credit with the trade.

_____, California Date _____

Firm or Individual Name _____ Corporate Partnership Individual LLC

Business Address _____
(street) (city) (state) (zip)

Residence Address _____
(street) (city) (state) (zip)

Date Financial Statement Compiled _____

ASSETS	Dollars	Cents	LIABILITIES	Dollars	Cents
Cash on Hand			Notes Payable to Banks - Loans		
Cash in Bank			Notes Payable to Others - Loans		
Accounts Receivable			Accounts Payable (Material on Open Acct.)		
Notes Receivable			(Other Material)		
Inventories			(Secured by Note)		
			Contracts Payable - Autos and Trucks		
TOTAL CURRENT ASSETS			Contracts Payable - Equipment		
			State (UCD)		
Trucks - Automobiles			Taxes } Federal (FICA)		
Miscellaneous Equipment			Income		
Furniture and Fixtures			Real Estate, Personal		
Real Estate			TOTAL CURRENT LIABILITIES		
Other Assets (Define)			Encumbrances on Real Estate		
TOTAL FIXED ASSETS			Capital Stock Issued		
			Surplus or Profit		
TOTAL ASSETS			TOTAL LIABILITIES		

BANKS (Branch and Account Number) _____

Insurance Co. carrying Workmen's Compensation Insurance _____

Surety Company writing bonds _____

The above statement is submitted for the purpose of obtaining credit with ORCO BLENDED PRODUCTS and may be relied upon as being accurate.

Date _____ Signed _____

In an effort to meet your needs, our Sales Department asks that you answer the three questions below:

1. How did you hear about ORCO BLENDED PRODUCTS and/or did someone refer you?

2. Is there a specific job you intend to use our product for; and if so, what city is it located in?

3. The name and phone number of the key contact person at your company?

ADDITIONAL INFORMATION AND STATEMENTS

