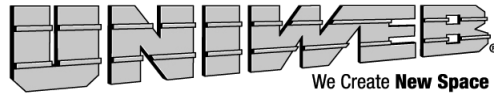


# Credit Application



222 South Promenade Ave. Corona, California 92879  
(800) 486-4932 Fax (951) 279-7989

**Uniweb Contact Name** \_\_\_\_\_

**Company** \_\_\_\_\_ **Type of Business** \_\_\_\_\_

**Contact** \_\_\_\_\_ **Dun & Bradstreet #** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (\_\_\_\_)** \_\_\_\_\_ **Fax (\_\_\_\_)** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Corporation**  **Partnership**  **Sole Owner**  **Year Established** \_\_\_\_\_

**Finances** Has bank been advised to release info on your account? Yes  No

**Bank** \_\_\_\_\_ **Contact Name** \_\_\_\_\_ **Account #** \_\_\_\_\_

**Bank Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (\_\_\_\_)** \_\_\_\_\_ **Fax (\_\_\_\_)** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Credit Limit Requested \$** \_\_\_\_\_

**Credit References** List three companies with whom you have open and active accounts

**Supplier** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**Supplier Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (\_\_\_\_)** \_\_\_\_\_ **Fax (\_\_\_\_)** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Supplier** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**Supplier Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (\_\_\_\_)** \_\_\_\_\_ **Fax (\_\_\_\_)** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Supplier** \_\_\_\_\_ **Contact Name** \_\_\_\_\_

**Supplier Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (\_\_\_\_)** \_\_\_\_\_ **Fax (\_\_\_\_)** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

## **Authorization**

I certify that the information on this form is correct. I hereby authorize the release of credit information on my company and/or myself to Uniweb, Inc./GRID IRON for the consideration of receiving net 30 payment terms with Uniweb, Inc./GRID IRON and agree to prompt payment of all balances when due to Uniweb, Inc./GRID IRON. A late fee will be assessed against all over due invoices at the rate of 1 1/2% per month. A fee in the amount of \$25.00 will be assessed on all returned checks. The customer agrees to pay all collection costs or costs to collect delinquent payments, including attorney fees and court costs.

**Name (Please Print)** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Phone (\_\_\_\_)** \_\_\_\_\_ **Fax (\_\_\_\_)** \_\_\_\_\_