



222 South Promenade Ave. Corona, California 92879

(800) 486-4932 Fax (951) 279-7989

### Credit Application

Uniweb Sales Person \_\_\_\_\_ Credit Limit Requested \$ \_\_\_\_\_

Company \_\_\_\_\_ Type of Business \_\_\_\_\_ Contact Name \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Dun and Bradstreet # \_\_\_\_\_ Year Established \_\_\_\_\_ Corporation Partnership Sole Owner

**Finances** Has your bank been advised to release information regarding your account? Yes No

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

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Credit References** (List three companies with whom you have active accounts)

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

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

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

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

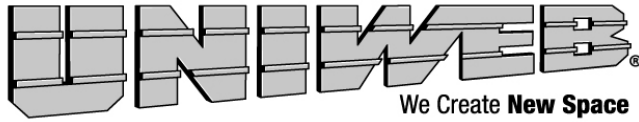
Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**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. for the consideration of receiving payment terms with Uniweb, Inc. and agree to prompt payment of all balances when due to Uniweb, Inc. A late fee will be assessed against all over due invoices at the rate of 2% per month. A fee in the amount of \$50.00 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 (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_



222 So. Promenade Ave. Corona, California 92879  
(800) 486-4932 Fax (951) 279-7989  
www.uniwebinc.com

### Bank Information Release Form

Uniweb Sales Contact Name \_\_\_\_\_

Company \_\_\_\_\_ Contact \_\_\_\_\_ E-mail \_\_\_\_\_

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

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

### Banking Information:

I hereby authorize \_\_\_\_\_ (Name of Bank) to release credit information to

Uniweb, Inc. 222 S. Promenade Avenue Corona, CA 92879

In reference to Bank Account Number \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_