



**SANITARY SUPPLY**

**WAXIE Sanitary Supply Credit Department**

**P.O. Box #81006**

**San Diego, CA 82138-1006**

**(858) 292-8111 • www.waxie.com**

**San Diego Regional  
Inventory Center and  
Corporate Headquarters**

9353 Waxie Way  
San Diego, CA 92123-1036  
(800) 544-8054  
(858) 292-8111  
Fax: (858) 279-6311

**Anchorage**

4005 Spenard Road  
Anchorage, AK 99517  
(800) 478-6431  
(907) 248-0404  
Fax: (907) 248-3662

**Boise**

2240 S. Cole Road, Suite 110  
Boise, ID 83709  
(800) 445-5597  
(208) 376-8700  
Fax: (208) 376-8707

**Denver**

Stapleton Business Center, Bldg 2  
5025-C Florence Street  
Denver, CO 80238-2403  
(800) 377-4128  
(303) 749-8000  
Fax: (303) 749-8099

**El Centro**

198 E. Ross Road  
El Centro, CA 92243-9448  
(760) 352-4691  
Fax: (760) 352-4698

**Fairbanks**

3606 Schacht Street  
Fairbanks, AK 99701  
(800) 453-8538  
(907) 452-8538  
Fax: (907) 452-2878

**Idaho Falls**

3839 South American Way  
Idaho Falls, ID 83402  
(888) 297-5505  
(208) 552-1300  
Fax: (208) 552-2792

**Las Vegas**

277 Pilot Road  
Las Vegas, NV 89119-3533  
(888) 584-8373  
(702) 263-0663  
Fax: (702) 263-1376

**Los Angeles**

920 N. Nash Street  
El Segundo, CA 90245  
(800) 433-8917  
(310) 606-5511  
Fax: (310) 606-5522

**Northern California Division**

901 N. Canyons Parkway  
Livermore, CA 94550  
(800) 299-9964  
(925) 454-2900  
Fax: (925) 605-3703

**Ontario**

905 N. Wineville Avenue  
Ontario, CA 91764-5595  
(800) 443-3469  
(909) 942-3100  
Fax: (909) 942-3199

**Palm Springs**

72-080 Woburn Court  
Units A & B  
Thousand Palms, CA 92276  
(800) 323-1445  
(760) 343-4410  
Fax: (760) 343-4411

**Portland**

4772 NE 190th Lane, Bldg D  
Gresham, OR 97230  
(800) 969-2943  
(503) 674-0002  
Fax: (503) 674-0005

**Phoenix**

2810 S. Roosevelt Street  
Tempe, AZ 85282-2021  
(800) 292-9437  
(480) 333-1000  
Fax: (480) 968-1539

**Salt Lake City**

5107 West 1730 South  
Salt Lake City, UT 84104  
(800) 367-5490  
(801) 886-3700  
Fax: (801) 886-3799

**Santa Ana**

3220 S. Fairview Street  
Santa Ana, CA 92704-6509  
(800) 432-7140  
(714) 545-8441  
Fax: (714) 957-3179

**Seattle (Auburn)**

49 37th Street NW  
Auburn, WA 98001-1781  
(800) 422-1888  
(253) 735-3300  
Fax: (253) 931-1135

**St. George**

525 North 3050 East, Suite 102  
St. George, UT 84790  
(888) 658-4625  
(435) 652-9990  
Fax: (435) 652-9991

**Tucson**

355 S. Euclid Avenue, Suite 105  
Tucson, AZ 85719-6654  
(800) 329-9699  
(520) 629-9699  
Fax: (520) 629-9499

***SERVING THE CUSTOMER IS THE FOCUS OF EVERYTHING WE DO***

Members of: ISSA- The experts of cleaning and maintenance & USGBC  
San Diego Wholesale Credit Association (SDWCA)

**PLEASE FULLY COMPLETE THIS APPLICATION IN ORDER  
TO FACILITATE YOUR CREDIT APPROVAL**

PLEASE PRINT	Credit Limit Requester \$ _____			
Name of Business _____	Phone No: ( ) _____			
Kind of Business _____	How long in business? _____			
Billing Address _____	Street	City	State	Zip
Delivery Address _____	Street	City	State	Zip

*\* If additional space is needed, add an extra sheet.*

**CONTACT PERSONS**

Purchasing \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_  
 Phone No: ( ) \_\_\_\_\_

Accounts Payable \_\_\_\_\_ Fax No: ( ) \_\_\_\_\_

Billing Information Required {P.O. Box #, or name specific to authorized person(s)}

Parent Company:	Phone No: ( ) _____		
Address:	City: _____	State: _____	Zip: _____
Management Company:	Phone No: ( ) _____		
Address:	City: _____	State: _____	Zip: _____
Company Financially Responsible for Purchases			
Address:	City: _____	State: _____	Zip: _____

Business License # \_\_\_\_\_ Have you previously been a WAXIE Customer? \_\_\_\_\_

Check One:  Corporation  Sole Proprietorship  
 Partnership  Franchisee  
 LLC  Limited Partnership

If yes, under what name? \_\_\_\_\_  
 When? \_\_\_\_\_  
 State of Incorporation \_\_\_\_\_

**RESALE INFORMATION:** If customer intends to resell merchandise purchased from WAXIE, a valid state resale card must be on file in our administrative office. Customer will be charged applicable state tax until such time as the completed document has been provided for our records. There will be no retroactive credits granted for purchases made prior to that receipt. Card must contain a description of exempted materials for which resale is allowed in the course of business.

**For Resale?**  Yes  No

**INFORMATION ON ALL OWNERS, PARTNERS AND/OR OFFICERS IS REQUIRED**

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
 Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_  
 Driver's License # \_\_\_\_\_ State \_\_\_\_\_  
 Social Security # \_\_\_\_\_

## CREDIT REFERENCES

### List Four (4) Suppliers Where Credit is Established

<b>Current Janitorial Supplier:</b>	Acct. #:	How Long?
Address:		
City:	State:	Zip: Phone No: ( )
Name:	Acct. #:	How Long?
Address:		
City:	State:	Zip: Phone No: ( )
Name:	Acct. #:	How Long?
Address:		
City:	State:	Zip: Phone No: ( )
Name:	Acct. #:	How Long?
Address:		
City:	State:	Zip: Phone No: ( )

Have you ever filed bankruptcy?  Yes  No If yes, when? \_\_\_\_\_  Business, or  Personal  
 Are you in receivership at this time?  Yes  No  
 If yes, name of receiver \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_

### BANK REFERENCE(S)

Name _____	Acct. #(s) _____
Address _____	
City _____	Person to Contact _____
State _____ Zip _____	Phone No: ( ) _____

**TERMS: DUE AND PAYABLE IN 20 DAYS.** WAXIE MAY IMPOSE A FINANCE CHARGE OR DELINQUENCY CHARGE OF 1½% PER MONTH ON ANY AMOUNT WHICH BECOMES PAST DUE. THE APPLICANT SHALL BE RESPONSIBLE FOR ALL COLLECTION COSTS AND ATTORNEY'S FEES TO ENFORCE COLLECTION WHETHER OR NOT A LAWSUIT IS COMMENCED OR JUDGEMENT ENTERED. SUCH COSTS SHALL INCLUDE LEGAL FEES AND COSTS INCURRED FOR THE NEGOTIATION OF A SETTLEMENT, ENFORCEMENT OF RIGHTS OR OTHERWISE. THE APPLICANT ACKNOWLEDGES AND AGREES THAT WAXIE MAY UTILIZE OUTSIDE CREDIT REPORTING SERVICES TO OBTAIN INFORMATION ABOUT THE APPLICANT. IN THE EVENT OF LITIGATION OR ARBITRATION, VENUE SHALL BE IN SAN DIEGO, CALIFORNIA, WHERE PAYMENTS FOR MERCHANDISE PURCHASED BY APPLICANT ARE DUE, THE ACCOUNT SHALL REVERT TO A C.O.D. BASIS UPON BECOMING PAST DUE. A TWENTY-FIVE DOLLAR (\$25.00) FEE IS CHARGED FOR RETURNED CHECKS.

TITLE TO MERCHANDISE FURNISHED BY WAXIE TO APPLICANT SHALL REMAIN WITH WAXIE UNTIL THE MERCHANDISE IS PAID FOR BY THE APPLICANT. IF APPLICANT FAILS TO PAY FOR THE MERCHANDISE, WAXIE SHALL HAVE THE OPTION TO REPOSSESS THE MERCHANDISE FROM APPLICANT WITHIN TWO (2) DAYS OF ORAL OR WRITTEN NOTICE FROM WAXIE TO APPLICANT.

BY COMPLETING THIS DOCUMENT, THE APPLICANT HEREBY AUTHORIZES ANY OF THE ABOVE LISTED CREDIT AND/OR BANKING REFERENCES TO RELEASE TO WAXIE SUCH CREDIT INFORMATION AS THEY MAY DEEM REQUIRED. THE APPLICANT CERTIFIES THAT ALL INFORMATION CONTAINED HEREIN IS ACCURATE AND CORRECT TO THE BEST OF APPLICANT'S KNOWLEDGE.

**FOR PURPOSES OF THIS CREDIT APPLICATION, A FACSIMILE SIGNATURE SHALL BE DEEMED TO BE AN ORIGINAL.**

Signed _____	Signed _____
Title _____ Date _____	Title _____ Date _____
Print Name Clearly _____	Print Name Clearly _____
WAXIE Sanitary Maintenance Consultant _____	Sales No. _____

## CONSUMER CREDIT REPORT RELEASE AUTHORIZATION

The undersigned hereby consent(s) to WAXIE Sanitary Supply's use of a non-business consumer credit report on the undersigned in order to further evaluate the credit worthiness of the undersigned as principal(s) proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) WAXIE Sanitary Supply to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent(s) to the use of such credit report consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C. @1681 et seq.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

### CONTINUING PERSONAL GUARANTEE

To **WAXIE Sanitary Supply**: In the event this account is not paid when due, demand can be made directly upon the undersigned:

The undersigned personally guarantees payment of the principal, interest, attorney's fees and collection costs, if **any**, for:

Corporation \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_

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

Principal's Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

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

Principal's Signature \_\_\_\_\_ Title \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Social Security # \_\_\_\_\_ State \_\_\_\_\_

**Please Return This Application To:**

**Corporate Credit Department  
WAXIE Sanitary Supply  
P.O. Box #81006  
San Diego, CA 92138-1006  
Fax: (858) 292-0153**

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