



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

2538 South 3850 West
West Valley City, UT 84120-7225
(800) 367-5490
(801) 972-3295
Fax: (801) 975-7329

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: <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship	If yes, under what name? _____
<input type="checkbox"/> Partnership <input type="checkbox"/> Franchisee	When? _____
<input type="checkbox"/> LLC <input type="checkbox"/> Limited Partnership	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

Current Janitorial Supplier:	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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