

**ALL ITEMS MUST  
BE COMPLETED**



Fax Application To: 661-410-4613  
P.O. Box 2940  
Bakersfield, CA 93303  
661-410-4602

**ALL  
INFORMATION IS  
CONFIDENTIAL**

**COMMERCIAL CREDIT APPLICATION**

**GENERAL BUSINESS INFORMATION**

FULL BUSINESS NAME			IF SUBSIDIARY, DIVISION OF		
CONTACT PERSON			ACCOUNTS PAYABLE CONTACT PERSON		
BUSINESS ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
TELEPHONE# ( )	FAX # ( )	FEDERAL ID#	RESALE <input type="checkbox"/> (Please attach resale card)		
PURCHASES TAX EXEMPT? <input type="checkbox"/> YES <input type="checkbox"/> NO	FARM EXEMPT? <input type="checkbox"/> YES (Please attach Certificate)	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> INDIVIDUAL			
NATURE OF BUSINESS		EST. ANNUAL PURCHASES \$	YEARS IN BUSINESS		

**PRINCIPAL OFFICERS**

NAME	ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER
NAME	ADDRESS	CITY	STATE	ZIP	SOCIAL SECURITY NUMBER

**TRADE REFERENCES**

NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE# ( )
					ACCOUNT#
NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE# ( )
					ACCOUNT#
NAME	ADDRESS	CITY	STATE	ZIP	TELEPHONE# ( )
					ACCOUNT#

**BANK REFERENCES**

BANK NAME	BRANCH NAME
ADDRESS	CONTACT PERSON
CITY	TELEPHONE NUMBER ( )
ACCOUNT#	ACCOUNT#
ACCOUNT#	LOAN#

Purchase Order Required?  YES  NO

Persons eligible to charge on this account \_\_\_\_\_

ALL CHARGES BY ELIGIBLE PERSONS LISTED ABOVE ARE YOUR RESPONSIBILITY UNLESS THE CREDIT DEPARTMENT OR FLOYD'S STORES, INC. IS NOTIFIED IN WRITING OF ANY ADDITIONS OR DELETIONS FROM THIS LIST.

**APPLICANT – IMPORTANT – READ BEFORE SIGNING**

Accounts are due and payable on or before the 10<sup>th</sup> of the month following purchases.

Overdue accounts are subject to collection. Repeated delinquency in payment will result in the closing of your account. Interest at the rate of 1 ½% per month (18%) per annum will be charged on all accounts 30 days past due.

OUR STATEMENTS ARE E-MAILED THE FIRST WEEK OF EACH MONTH, PLEASE PROVIDE AN E-MAIL ADDRESS \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE/ GUARANTOR

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE



## FAIR CREDIT REPORTING ACT PRE-NOTIFICATION

As part of Floyd's Stores, Inc. procedure of processing this application, an investigative report may be obtained or make whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom the undersigned is acquainted. This inquiry includes information as to the character, general reputation personal characteristics, mode of living and financial condition whichever may be applicable. The undersigned has the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

The undersigned authorizes Floyd's Stores, Inc. to obtain such information as may be required and agrees that this information shall remain Floyd's Stores, Inc. property. I hereby certify that all statements on this form are true and complete and made for the purpose of doing business with Floyd's Stores, Inc.

Each person signing this Application on behalf of the applicant, recognizing that his or her individual credit history and financial condition may be necessary factors in the evaluation of this application hereby consents to and authorizes Floyd's Stores, Inc. To obtain and use one or more consumer credit reports on the undersigned in the credit evaluation process and from time to time throughout the administration of any credit extended by Floyd's Stores, Inc.

### ADDITIONAL PROVISIONS

1. The undersigned is not relying upon any of this Application and acknowledges that no representations or statements have been made by any officer, employee, or agent of Floyd's Stores Inc., or anyone in connection with the business or other subject matter to which this Application relates, and has not and shall not incur any contractual or other liability or obligation reliance on this Application or any representation whatsoever.
2. This Application and related documents may be duplicated and distributed, in whole or in part, to other divisions, departments, and affiliates of Floyd's Stores Inc. as Floyd's Stores Inc may deem necessary or appropriate for purposes of evaluating and making recommendations regarding the credit and/or other business transaction for which this Application is made, and the original and all such copies of this Application shall be and remain the property of Floyd's Stores Inc.
3. The undersigned shall notify Floyd's Stores Inc, in writing, the extent and character of any material change in such information.

**APPLICANT – IMPORTANT – READ BEFORE SIGNING**  
 Accounts are due and payable on or before the 10<sup>th</sup> of the month following purchases.  
 Overdue accounts are subject to collection. Repeated delinquency in payment will result in the closing of your account. Interest at the rate of 1 ½% per month (18%) per annum will be charged on all accounts 30 days past due.

OUR STATEMENTS ARE E-MAILED THE FIRST WEEK OF EACH MONTH.

**The information contained in this Application and related documents are true and correct.**

\_\_\_\_\_  
AUTHORIZED SIGNATURE/ GUARANTOR

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE