

A. SILVESTRI CO.
149 So. Linden Avenue
So. San Francisco, CA 94080
(650) 871-5081 Fax (650) 871-1574

CREDIT APPLICATION

Customer Name _____

Type of Business _____

Mailing Address _____

Shipping Address _____

Contact Person _____

Telephone _____ Fax # _____

Taxable _____ Resale _____ Resale # _____

Corporation _____ Partnership _____ LLC _____ Other _____

Names and residence addresses of all principals, partner, officers:

Social Security Number : _____

Bank Name & Address: _____

Account # _____ Telephone _____

<u>Reference:</u>	<u>Name</u>	<u>Address</u>	<u>Telephone#</u>	<u>Fax #</u>
1.	_____	_____	_____/_____/_____	_____
-				
2.	_____	_____	_____/_____/_____	_____
3.	_____	_____	_____/_____/_____	_____

Signature; Applicant understands that this application will be relied upon in determining whether and how much credit will be extended. Applicant certifies that this application is true, correct and complete. In consideration of the extension of credit by A. Silvestri Co. applicant agrees to the following terms of sale: net 30 days, and as an additional term of sale, to pay 18% per annum interest on any amount not paid within 30 days, plus cost of collection, including attorney's fees and court costs. Applicant hereby submits to the jurisdiction of the Superior Court of San Mateo County, California and the Federal District Court for the Northern District of California.

Date: _____ Signature: _____

Print name: _____

Title: _____