



**Golden Mills**

**12386 Osborne Place, Pacoima CA 91331**

**(800) 940-5997 Toll Free**

**(800) 453-0952 Fax Toll Free**

**Website: www.goldenmills.com**

**TO AVOID ANY DELAY IN PROCESSING YOUR CREDIT APPLICATION. PLEASE COMPLETE ALL AREAS.**

**CREDIT APPLICATION** Please fill in form completely. Have officer/owner sign and return to Golden Mills. Your information will be held in confidence.

Company Name \_\_\_\_\_

Buyer/contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Billing Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Name(s)/Owners/Partners/Principals/Parent Co \_\_\_\_\_ Home Phone \_\_\_\_\_

How Many Years Owned \_\_\_\_\_

Business Entity:  Proprietorship  Partnership  Corporation -Incorporated in the State of \_\_\_\_\_  
 Health Club  Hotel  Country Club/Resort  Retail  Other

Resale No. (if applicable) \_\_\_\_\_ Requested Credit Line \_\_\_\_\_

**TRADE REFERENCES** I, the undersigned, by my signature below, hereby authorize Golden Mills to acquire credit information on my company.

**CHEMICAL SUPPLIER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Acct# \_\_\_\_\_

**FOR Golden Mills INTERNAL USE ONLY**

Date Open \_\_\_\_\_ High \_\_\_\_\_ Bal. \_\_\_\_\_  
Terms \_\_\_\_\_ How Paid \_\_\_\_\_  
Verified by \_\_\_\_\_

**OTHER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Acct# \_\_\_\_\_

Date Open \_\_\_\_\_ High \_\_\_\_\_ Bal. \_\_\_\_\_  
Terms \_\_\_\_\_ How Paid \_\_\_\_\_  
Verified by \_\_\_\_\_

**OTHER:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Acct# \_\_\_\_\_

Date Open \_\_\_\_\_ High \_\_\_\_\_ Bal. \_\_\_\_\_  
Terms \_\_\_\_\_ How Paid \_\_\_\_\_  
Verified by \_\_\_\_\_

**BANK REFERENCE:**

Bank \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Checking Acct No. \_\_\_\_\_  
Loan Acct No. \_\_\_\_\_

**FOR Golden Mills INTERNAL USE ONLY**

Date Open \_\_\_\_\_ Average Bal. \_\_\_\_\_  
Loan Date Open \_\_\_\_\_ High \_\_\_\_\_ Bal. \_\_\_\_\_  
Terms \_\_\_\_\_ How Paid \_\_\_\_\_  
Verified by \_\_\_\_\_

**GUARANTEE OF PAYMENT AND ACCEPTANCE OF TERMS**

In consideration of your extending credit, the Terms and Considerations of Sale as set forward in your shipping documents and invoices are hereby accepted. Standard terms are Net 10 days from date of invoice. The undersigned further agrees that any portion of the invoice amount which has not been paid within 30 days of the invoice will accrue a service charge of 1.5% of the past due balance, or an annual percentage rate of 18%.

By \_\_\_\_\_  
Officer's Signature Title Social Sec # (if sole proprietor) Date

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

**This application must be signed by an officer/owner/partner of the company.**

**SUBMIT**