



7946 Clairemont Mesa Blvd.  
San Diego, CA, 92111

Tel: (858) 278 7828 (#5) Fax: (858) 278 2977  
Email: [accounting@sandiegomarbletile.com](mailto:accounting@sandiegomarbletile.com)

## Account Application Form

Applicant authorizes San Diego Marble & Tile permission to check with any reference or credit bureau for the purpose of establishing and maintaining credit.

Please complete and send signed copy via FAX or Post (see contact details at top of page)

### YOUR BUSINESS NAME:

\_\_\_\_\_

### MAILING ADDRESS:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### BILLING ADDRESS (if different):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### WEBSITE:

http://www.\_\_\_\_\_

### CONTACT DETAILS:

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Accounts Payable E-Mail Address: \_\_\_\_\_



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**COMPANY INFORMATION:**

Date this business started: \_\_\_\_\_

If business is new, what was previous business? \_\_\_\_\_

We are doing Business as: (check one)

- Individual                       Limited Partnership
- Corporation \*                       Partnership \*

\* if corporation or partnership:

Federal I.D. Number: \_\_\_\_\_

State Of Corporation: \_\_\_\_\_

If name is a Trade Style, has name been registered?  Yes     No

If answered yes on the previous; please state city f registration: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_

Name on License: \_\_\_\_\_ Year Issued: \_\_\_\_\_ Year Expires: \_\_\_\_\_

If materials are for resale, please ATTACH your resale card and

Enter resale number here: \_\_\_\_\_

I/We are applying for credit as: (check one)

- Contractor                       Dealer                       Retailer
- Design Center                       Architect                       Interior Design
- Other:

Please explain: \_\_\_\_\_

**COMPANY OWNERSHIP INFORMATION:**

Owner/Officer Name & Title	Residence Address	Driver's License No. & State of issue	Social Security No.



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**COMPANY PREMISES INFORMATION:**

How long at current business/company location? \_\_\_\_\_

Is the premises:  Rented or  Owned

Is your office in your home?  Yes  No

Landlords Name (if applicable): \_\_\_\_\_

Landlords Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**COMPANY BANK DETAILS:**

Bank Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Checking #: \_\_\_\_\_ Savings #: \_\_\_\_\_

**COMPANY TRADING INFORMATION**

Do you borrow on inventory/receivables?  Yes  No

Do you have current orders pending?  Yes  No

If Yes, approximate total value: \_\_\_\_\_

What is your estimate of total monthly purchases: \_\_\_\_\_

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**\*\*\*AMOUNT REQUESTED FOR CREDIT:** \_\_\_\_\_

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**CREDIT REFERENCE CHECK**

Will you make available current periodic statements necessary for credit purposes?

Yes  No

If yes, please attach/fax most recent financial statement with this application.

NAME OF ACCOUNTANT: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*The following part of application must be filled out COMPLETELY. If not filled out properly, your application will not be approved.*

1. Name: \_\_\_\_\_ \*Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (if available): \_\_\_\_\_

2. Name: \_\_\_\_\_ \*Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (if available): \_\_\_\_\_

3. Name: \_\_\_\_\_ \*Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (if available): \_\_\_\_\_

4. Name: \_\_\_\_\_ \*Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email (if available): \_\_\_\_\_

\*Fax number MUST be filled out.



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The undersigned certifies that the above information is true a correct and agrees to pay for all goods purchased in compliance with the terms of the seller. Unless otherwise agreed to IN WRITING, said terms are that all goods are to be paid within 30 days from date of purchase. An interest at 11/2 % will be charged on all unpaid sums. Applicant agrees to pay said interest on all past due invoices, unless disputed, together with actual Attorneys fee and all costs as the seller may reasonable incur in the enforcement of the signed obligation. Both buyer and seller agree to the following: All sales made from any San Diego Marble & Tile location is governed by California Law and San Diego County courts will have jurisdiction.

Date: \_\_\_/\_\_\_/\_\_\_

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Printed Name Title

**Personal Guarantee**

For and in consideration of selling and goods or materials to the above applicant on open account or otherwise by San Diego Marble & Tile, the undersigned personally guarantees unconditionally at all times unto San Diego Marble & Tile the payment of all sums pursuant to this agreement together with the interest therein and the cost of collection thereof including actual Attorney fees, and all costs, this is intended to be and is a continuing guarantee and shall not be revoked except by written notice to creditor. This guarantee shall be binding on their successors and estate of the undersigned.

Date: \_\_\_/\_\_\_/\_\_\_

By: \_\_\_\_\_  
Signature of guarantor

By: \_\_\_\_\_  
Partner/Spouse or co-guarantor