

Sunshine Supply Co., Inc.

4946 Naples Street
San Diego, CA 92110
Ph: (619) 276-7442 Fax: (619) 276-0304
www.SunshineSupply.com

Name of Firm/Corporation: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

Owners/Officers	Home Address	Telephone #	S.S. #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Have any of the above had a business failure or bankruptcy? Yes No If yes, please explain on a separate page.

Type of Business: _____ Date Established: _____

Identity Type: Sole Owner _____ General Partnership _____ LLC _____ LLP _____ Corporation _____

Date Incorporated (If applicable): _____ In Which State? _____

Federal ID #: _____ License #: _____ Resale #: _____

References Extending Credit:

1. Name: _____ Account Number: _____

Ph. Number: _____

2. Name: _____ Account Number: _____

Ph. Number: _____

3. Name: _____ Account Number: _____

Ph. Number: _____

4. Name: _____ Account Number: _____

Ph. Number: _____

Name of Bank	Branch	Account #	Telephone #
_____	_____	_____	_____

Would you like a mailed monthly statement? Yes No

PLEASE EMAIL COMPLETED APPLICATION TO MBURNHAM@SUNSHINESUPPLY.COM

The above information is submitted for the purposes of obtaining credit. The undersigned authorizes you to make such inquires as are necessary to obtain credit information and authorizes my bank, suppliers, and credit references to release information regarding my accounts.

I understand that if an account is approved, all invoices are due and payable 30 days from the date of the invoice. I agree to pay a late charge of 18% per annum (1.5% per month) on any past due amounts.

I agree to pay all collection and court costs including attorney's fees if it becomes necessary to enforce collection or file suit. I agree to pay all fees associated with the enforcement of preliminary lien rights including; mechanics lien, stop notice, bond claim, Miller Act and all associated releases.

I agree that in the event suit is commenced to enforce collection, the jurisdiction and venue of the action shall be exclusively in the Superior Court for the County of San Diego, San Diego Branch.

I certify that everything stated on this application is true and correct to the best of my knowledge.

Owner/Officer Signature	Print Name	Title	Date
_____	_____	_____	_____