

**CREDIT APPLICATION AND AGREEMENT**



Decorative Plumbing Distributors, Inc.  
4200 Business Center Dr. • Fremont, CA 94538-6356  
(510) 580-3030 • (800) 660-4690 • FAX (510) 580-3044  
www.decorativeplumbing.com • www.dpdonline.com

**IMPORTANT:** Please complete all sections of the Credit Application fully, sign, and return to DPD.  
\*\* This will allow us to expedite processing. \*\*

Company Name: \_\_\_\_\_ Credit Limit Requested: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

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

Web Site: **www.**\_\_\_\_\_ Email: \_\_\_\_\_

Legal Owner/Parent Company: \_\_\_\_\_

Store Manager/Contact Person: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ A/P Phone#: \_\_\_\_\_ A/P Fax#: \_\_\_\_\_

Do you want INVOICES and STATEMENTS faxed or e-mailed (circle one)?    FAXED    E-MAILED

Please list Owners, Partners or Corporate Officers as applicable:

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

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

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

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

SS#: \_\_\_\_\_ SS#: \_\_\_\_\_ SS#: \_\_\_\_\_

Type of Business: \_\_\_\_\_ How long in business: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Own or Rent Business Location: \_\_\_\_\_ Retail Showroom? \_\_\_\_\_ E-commerce? \_\_\_\_\_

Has the firm or any of its principals ever been bankrupt (circle one):    YES    NO

If YES, explain: \_\_\_\_\_

If for resale, we MUST have a Resale Card or letter indicating you are responsible for all taxes.

State Resale #: \_\_\_\_\_ Federal I.D. #: \_\_\_\_\_

Person(s) authorized to issue P.O.s: \_\_\_\_\_

**Trade References:** (Please list four (4) trade references.)

1. Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**CREDIT APPLICATION AND AGREEMENT**

**Bank Reference:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Account #: \_\_\_\_\_

**PAYMENT TERMS:** Terms of sale are **NET 30 Days from date of invoice**. Payments are to be received no later than the 30th of each month, which is our monthly statement closing date. Accounts are delinquent and subject to a 1 1/2% service charge if not paid by the end of the following month. Accounts not paid within 30 days may be put on C.O.D.

**RETURNED CHECK POLICY:** A service charge of \$20.00 per check will be imposed for each check returned unpaid. Accounts responsible for unpaid checks will be contacted immediately by letter or telephone and given 15 days to resolve payment. Failure to do so may result in the check being turned over to the local police department for investigation, and pursued to the full extent of the law.

Any misrepresentation in this application will be considered evidence of fraud. The information provided herein is the basis for the decision to extend credit to the applying business. Accordingly, as an inducement to grant the requested credit, the undersigned warrants that the information submitted herein is true and correct, and authorizes Decorative Plumbing Distributors (DPD) to investigate the credit references and principals listed. The undersigned agrees to inform DPD immediately, in writing, of any changes in this credit information or to any change in the ownership interest of the business, whether it be a partnership, limited liability company or corporation.

In consideration for the extension of credit, said business promises to pay for all purchases within thirty days of invoicing and agrees to pay a service charge of 1-1/2% per month (18% annual percentage rate) on all past due balances. In the event a third party is employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation has commenced. Should any suit or action take place, venue shall be in Alameda County, California. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified.

Date	Name of Business	
Please PRINT name	Title	Signature
Please PRINT name	Title	Signature

**Continuing Personal Guarantee**

In consideration for DPD extending credit, as requested above, whether at the request of the applicant/business or its agents, the undersigned individual hereby personally guarantees, unconditionally and irrevocably, the prompt payment of any sums now or hereafter owed to DPD by the business identified below, whether said sums are due under an open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed the estimated maximum credit limit stated above. DPD shall not be obligated to notify the undersigned of the dates or amounts of any credit extended; the undersigned waives demand, notice of default, or to consent to any modification either as to any extension as to time or any other forbearance. Guarantor expressly waives the protections afforded pursuant to California Civil Code section 2819.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested is received by DPD. Said notice shall specify the date on which this guaranty is to be terminated; said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ SS#: \_\_\_\_\_  
Signature of person guaranteeing payment: \_\_\_\_\_  
Name of Business whose account is guaranteed: \_\_\_\_\_

**How did you hear about DPD:** \_\_\_ Magazine Ad \_\_\_ Manuf. Rep \_\_\_ Direct Mail \_\_\_ Web Site \_\_\_ Personal Referral

**For office use only:** Credit App. Received: \_\_\_\_\_ Credit Checked: \_\_\_\_\_ Credit Status: \_\_\_\_\_