



A GO Home Appliance Repair Inc.

175 Lewis Road, Suite #20

San Jose, CA 95111

408-831-3118

NEW CUSTOMERS APPLICATION FOR CREDIT ACCOUNT

Business Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Type of Business: _____ Date Established _____ Contact: _____

OWNERSHIP INFORMATION – CHECK ONE

THIS BUSINESS IS A CORPORATION

Name: _____ Title: _____

FED Tax ID #: _____

THIS BUSINESS IS A SOLE PROPRIETORSHIP

Owner: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ SSN: _____

THIS BUSINESS IS A PARTNERSHIP

Partner Name: _____

Partner Name: _____

Home Address: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

City: _____ State: _____ ZIP: _____

IF BILLS ARE PAID BY A PARENT COMPANY, FILL IN BELOW

Parent Company: _____ Phone _____

Address: _____ City: _____ State: _____ ZIP: _____

BANK REFERENCES

Name: _____ Account # _____ Branch: _____

Address: _____ City: _____ State: _____ ZIP: _____

Checking Savings Loan

Name: _____ Account # _____ Branch: _____

Address: _____ City: _____ State: _____ ZIP: _____

Checking Savings Loan

Should A Go Home Appliance Repair, Inc. approve this application, I/We agree to pay for good purchased within 30 days of invoice date. A Go Home Appliance Repair, Inc. is authorized to contact any bank listed above. It is understood that any information obtained will be used solely for granting credit. Service charges at the highest rate permitted by state law will be applied to past due accounts. Should it become necessary to collect this account through an attorney, be it legal proceeding or otherwise, the undersigned, including endorsees promise to pay all cost of collection, including a reasonable attorney's fee.

AUTHORIZED BUYER/OFFICER/PARTNER Print: _____ Date: _____

Sign: _____ Title: _____