



# NEW ACCOUNT APPLICATION

FAX TO: 888.968.8746 or 951.284.7381

## TYPE OF ACCOUNT APPLYING FOR:

- NET30 Terms: Complete all sections and sign
- COD Terms: Complete sections 1,2 and sign
- Credit Card Terms: Complete sections 1,2 and sign (authorization form required)

## COMPANY INFORMATION:

- Proprietorship
- Partnership
- Corporation
- LLC

## SECTION 1

Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Ship to: (if different than mailing) \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Bus phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )  
 Email: \_\_\_\_\_

## SECTION 2

Owner/Controller: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( \_\_\_\_\_ )  
 SSN#: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

## SECTION 3: BANK INFORMATION

Name of Bank: \_\_\_\_\_  
 Address or Branch Location: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) Fax: ( \_\_\_\_\_ )  
 Account Number: \_\_\_\_\_ Contact/Officer: \_\_\_\_\_

## SECTION 4: CREDIT REFERENCES

|         |         |                    |                  |
|---------|---------|--------------------|------------------|
| 1. Name | Address | ( _____ )<br>Phone | ( _____ )<br>Fax |
| 2. Name | Address | ( _____ )<br>Phone | ( _____ )<br>Fax |
| 3. Name | Address | ( _____ )<br>Phone | ( _____ )<br>Fax |

In order to obtain extension(s) of credit by seller to customer from time to time and as partial consideration therefore, the customer agrees that any invoice or balance not paid on or before the due date shall be subject to interest after such due date charged at a maximum rate for loans or forbearances of money under the laws of the State of California then in effect. Customer agrees to pay all of the Sellers costs of collection of any past due balances including reasonable attorneys fees. I authorize the release of limited bank information pertaining to the accounts listed above.

**SHIPPING RELEASE OF LIABILITY:**  Check if you require products to be delivered and received without a signature, releasing TrimQuick from liability of theft or damage of product delivered by TrimQuick or common carrier.

Owner/Controller: \_\_\_\_\_ Date: \_\_\_\_\_

RESALE CERTIFICATE

Company Name & Address

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I HEREBY CERTIFY: That I hold a valid seller's permit

No. \_\_\_\_\_

All tangible personal property described herein which would be purchased from:  
Halle-Hopper, LLC DBA TrimQuick Co. 630 Parkridge Ave. Norco, CA 92860

Shall be resold by me in the form of tangible personal property: provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay tax measured by the purchase price of such property or other authorized amount.

Description of property to be purchased: \_\_\_\_\_

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

Title: \_\_\_\_\_

Signature **X** \_\_\_\_\_

Telephone #: ( ) \_\_\_\_\_ Date: \_\_\_\_\_



# guarantee

## PERSONAL GUARANTEE

I (we) sign this quote/application on behalf of applicant and as an individual(s) do personally guarantee payment of all present and future indebtedness of applicant to Trim-Quick a division of Halle-Hopper, LLC including all reasonable attorneys fees and/or collection expenses incurred by Trim-Quick a division of Halle-Hopper LLC by reason of default in payment, also service charges on past due balances at 1.5% per month on the unpaid balance.

I (we) also agree that all personal liability hereunder shall not be released or discharged by any extension of time, or by any other modifications, substitution, settlement, or compromise granted to applicant, or by any change in the legal form or ownership of applicant.

TRIM-QUICK A DIVISION OF HALLE-HOPPER, LLC REQUIRES THE SIGNATURE OF AN OFFICER, IF CORPORATION, ALL PARTNERS IF GENERAL PARTNERSHIP, SIGNATURE OF THE GENERAL PARTNER IF LIMITED PARTNERSHIP, SIGNATURE OF OWNER IF INDIVIDUAL OWNERSHIP.

**x** \_\_\_\_\_  
Owner/Officer Signature Date \_\_\_\_\_

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

Complete address and phone for above

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: THIS APPLICATION WILL NOT BE PROCESSED UNLESS PROPERLY SIGNED

