



**United Desk**  
**MANUFACTURING, INC.**  
 Setting the Standard for Quality & Innovation

17023 Edwards Road Cerritos, CA 90703 P: 562-483-7002 F: 562-483-7003  
 Email: Accounting@Uniteddesk.com

**Credit Application**

**Company Information**

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

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

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

Tel No. ( ) \_\_\_\_\_ Fax No. ( ) \_\_\_\_\_

Federal Tax ID: \_\_\_\_\_ Re-sale Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Type of Ownership:  Corporation  Partnership  Sole Owner

Trade Name \_\_\_\_\_ Date Established \_\_\_\_\_

Authorized Contact Person (s) : \_\_\_\_\_

**Officers/Partners**

Full Name: \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

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

Driver License # \_\_\_\_\_ Social Security # \_\_\_\_\_ Title \_\_\_\_\_

Full Name: \_\_\_\_\_ Tel No. ( ) \_\_\_\_\_

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

Driver License # \_\_\_\_\_ Social Security # \_\_\_\_\_ Title \_\_\_\_\_

**FOR OFFICE USE ONLY**

Bank Reference      Credit Limit: \_\_\_\_\_

Credit 1                Terms: \_\_\_\_\_

Credit 2

Credit 3                Authorized by: \_\_\_\_\_

**Credit Policy**

All invoices not paid within thirty (30) days will be considered delinquent and will be subject to a service charge of 1.5% per month calculated on a daily bases from the 30th day after the invoice date. Return checks Fee \$50.00. For the purpose of procuring credit from you, the undersigned offers the information provided in this application as true and accurate, and agrees to immediately notify United Desk Manufacturing, Inc. in writing of any material changes in the information. The undersigned further agrees to the following: United Desk Manufacturing, Inc. until paid in full retains Title to any merchandize delivered.



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### Three References Required

**Company Name:** \_\_\_\_\_ **Tel No.** ( ) \_\_\_\_\_  
 \_\_\_\_\_ **Fax No.** ( ) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Tel No.** ( ) \_\_\_\_\_  
 \_\_\_\_\_ **Fax No.** ( ) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Tel No.** ( ) \_\_\_\_\_  
 \_\_\_\_\_ **Fax No.** ( ) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

### Bank Information

**Bank Name** \_\_\_\_\_ **Tel No.** ( ) \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Checking Account #** \_\_\_\_\_ **Branch** \_\_\_\_\_

### This application Must be signed by the Owners or Authorized Officer of your Company Or Corporation

**Printed Name:** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Personal Guarantee

To induce United Desk Manufacturing, Inc. (the "Seller") to give credit to \_\_\_\_\_ (the "Customer") now or from time to time, the undersigned, as an interested party, personally guarantees prompt payment of any and all charges and/or money due to the seller. This is a continuing guarantee of payment and shall remain in force until all outstanding indebtedness is satisfied.  
 This guarantee shall not apply to any indebtedness created after receipt of written notice that the guarantee has been revoked.

If Legal action is required to enforce this guarantee, the prevailing party shall be entitled to recover its costs and reasonable attorney fees in addition to other relief granted by the court. In even payment is demanded by United Desk Manufacturing, Inc. the undersigned agrees to make payment within terms.

**Printed Name:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_