

GD California, Inc.

1799 Portola Ave.
Livermore, CA 94550

email: sales@gdca.com

Phone: (925) 456-9900
FAX: (925) 456-9901

CREDIT AGREEMENT

TERMS AND CONDITIONS:

1. All accounts are due and payable as noted on each invoice.
2. Term accounts not paid within agreed terms, 30 days, shall be subject to a service charge of 1½% (18% annual rate). Interest is added to past due balance and total is therefore subject to interest for the next billing cycle. Such interest accrual shall continue until the balance is paid in full.
3. Term accounts not paid within agreed terms shall be subject to loss of all invoiced and future discounts.
4. Credit terms are at GD California, Inc. absolute discretion and GD California, Inc. may terminate, alter or deny credit terms without notice, and without cause.
5. The accrual or payment of interest does not authorize the customer to defer payment of any indebtedness beyond the credit terms stated herein.
6. In the event of the delinquency of an account, customer agrees to pay all collection of said account, regardless of whether judicial action is taken.
7. In the event of litigation arising out of this agreement, GD California, Inc. shall be entitled to their reasonable cost and expenses incurred including attorney fees.
8. This agreement and subsequent contracts/purchase orders shall be constructed in accordance with the laws of the State of California.

RETURNED GOODS:

1. No return goods will be accepted without authorization.
2. Freight charges must be pre-paid.
3. Goods returned for credit must show the RETURN MATERIAL AUTHORIZATION (RMA) number issued by GD California.
4. Goods may not be returned, unless on account of error on the part of GD California.

SIGNATURE REQUIRED BY PROPRIETOR, ALL PARTNERS OR TWO (2) CORPORATE OFFICERS: By affixing your signature below, the undersigned (or if a corporation, the corporate authorized officer/agent) agrees to pay their account in accordance with the credit terms indicated above.

Name _____ Title _____

Signature _____ Date _____

Name _____ Title _____

Signature _____ Date _____

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APPLICATION FOR CREDIT

Company Name _____ Phone _____

Billing Address _____ Credit Line Requested \$ _____

A.P. Manager _____

Year Established: _____ Under Present Ownership: _____

Tax ID# _____ Proprietorship Partnership Corporation,

Incorporated in the State of _____ Parent Company _____

SALES TAX STATUS All Taxable Resale (If resale please send copy of certificate with application)

BANK REFERENCE:

Bank Officer _____ Credit Line \$ _____

Bank _____ Branch _____

Address _____ Checking Account # _____

Saving Account # _____

FIRMS WITH WHOM YOU HAVE OPEN ACCOUNTS:

1. Name _____ Contact _____

Address _____ Phone _____

Credit Limit _____

2. Name _____ Contact _____

Address _____ Phone _____

Credit Limit _____

3. Name _____ Contact _____

Address _____ Phone _____

Credit Limit _____

PRINCIPALS: Officers; Partners or Sole Proprietor (Full names)

1. Name: _____ Social Security # _____

Title: _____ Ownership Interest _____

Home Address: _____ Own Rent

Phone _____

2. Name _____ Social Security # _____

Title _____ Ownership Interest _____

Home Address: _____ Own Rent

Phone _____

The information above I certify as correct, is given for the purpose of obtaining credit. I authorize you to make whatever inquiries about us you deem necessary and appropriate for the purpose of evaluating our credit application, including contacting Banks, Trades and Reporting Agencies. I also authorize you to provide credit information about your credit experience with us.

SIGNATURE REQUIRED BY PROPRIETOR, ALL PARTNERS OR TWO (2) CORPORATE OFFICERS:

1. Name _____ Title _____

Signature _____ Date _____

2. Name _____ Title _____

Signature _____ Date _____

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AUTHORIZATION FOR CREDIT INQUIRY

Dear Customer:

Please complete this form so that the necessary bank information can be released to us. Your prompt completion and return of this form will assist us in giving you better service. After you have completed this form, please:

Mail it to your bank with our self-addressed envelope. Return it to us via fax or mail.

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I hereby authorize and direct, with full release of liability

Financial Institution: _____ Contact: _____

Address Of Financial Institution: _____

to furnish GD California, Inc. full and complete information regarding our credit experience, including: approximate balances in our checking accounts, and the amount, balance and record of payments of any loans or leases for which we may have applied, as indicated:

loan/lease # _____ checking acct. # _____ saving account # _____

Credit Applicants:

Name: _____ Address: _____

Position: _____ Phone: _____

Signature _____ Date: _____

See attached credit sheet.

FINANCIAL INSTITUTION REPLY

DEPOSIT ACCOUNTS:

Type(Saving/Checking)	Account Number	Current Balance	Average Balance	Date Opened

LOANS OUTSTANDING TO APPLICANT:

Loan #	Loan Date	Amount

Financial Institution Contact providing this Information:

Name (Please print or type) _____ Signature _____