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Personal Credit Application

Type of Credit (please check one)

- Individual credit Joint credit with your spouse
- Joint account with a business partner someone other than your spouse.

Type of Account (please check one)

- Deposit waiver (rental only)
- Charge account * Desired amount \$ _____

Our accounts are NET thirty (30) days. Closing date is the 30th of each month, balance being due and payable in full before the 30th of the following month. The 1st is considered past due and a 1% service charge will be added to all past due accounts. (This represents 12% per annum) Past due two months, your account will be placed on credit hold.

Personal Credit Information

FIRST NAME INITIAL LAST NAME

AGE TELEPHONE#

ADDRESS CITY STATE ZIP
 How long at present address _____

Own or buying Live with relatives Rent _____ AMOUNT

PREVIOUS ADDRESS (IF LESS THAN FIVE YEARS)

Applicant please complete section below

SOCIAL SECURITY# DRIVERS LICENSE #

EMPLOYER HOW LONG

ADDRESS _____

CITY STATE ZIP TELEPHONE#

PREVIOUS EMPLOYER HOW LONG _____

ADDRESS _____

CITY STATE ZIP TELEPHONE#

Please complete the section below for co-applicant if applying for joint credit

CO-APPLICANTS NAME

CO-APPLICANTS SOCIAL SECURITY# CO-APPLICANTS DRIVERS LICENSE #

EMPLOYER HOW LONG

ADDRESS _____

CITY STATE ZIP TELEPHONE#

PREVIOUS EMPLOYER HOW LONG

ADDRESS _____

CITY STATE ZIP TELEPHONE #

Bank References

CHECKING ACCOUNT# BANK NAME

ADDRESS CITY STATE ZIP

TELEPHONE#

SAVINGS ACCOUNT# BANK NAME

ADDRESS CITY STATE ZIP

TELEPHONE#

MONTHLY INCOME: CO-APPLICANT'S MONTHLY INCOME:
 Income \$ _____ Income \$ _____
 Other income \$ _____ Other income \$ _____
 Total income \$ _____ Total income \$ _____

Debit and Credit Information

INCLUDE MORTGAGE, CAR PAYMENT, AND/OR CREDIT CARD INFORMATION

COMPANY NAME

ADDRESS CITY STATE ZIP

TELEPHONE# AMOUNT OWED _____

COMPANY NAME

ADDRESS CITY STATE ZIP

TELEPHONE# AMOUNT OWED _____

Personal References (Family Members)

NAME RELATIONSHIP

ADDRESS CITY STATE ZIP

NAME RELATIONSHIP

ADDRESS CITY STATE ZIP

Individuals Authorized to Sign

Adolph Gasser, Inc. allows deposit waiver (DW) account and charge account customers to authorize other individuals to pick-up equipment or supplies on their account. List other individuals below or send a written letter of authorization to: Adolph Gasser Inc. Accounts Receivable, 181 2nd st, San Francisco, CA 94105. Account holders are solely responsible for all costs incurred by additional signers to his/her account.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF CO-APPLICANT DATE