

PREMIUM INCORPORATED

SALES ID # _____

2644 WAIWAI LOOP HONOLULU, HI 96819 | PH: (808) 839-9802 FAX: (808) 834-0068 | EMAIL: premium@premiuminc.net

ACCT NO. _____

CREDIT APPLICATION

Name/Address

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Proprietorship <input type="checkbox"/>		
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	ZIP:	Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone & Fax:	Phone & Fax:	Phone & Fax:
Email:	Email:	Email:

ARE THERE ANY OUTSTANDING JUDGEMENTS AGAINST YOU? ___ YES ___ NO
HAVE YOU BEEN BANKRUPT WITHIN THE PAST SEVEN YEARS? ___ YES ___ NO
ARE YOU A PARTY TO A LAWSUIT? ___ YES ___ NO
HAVE YOU HAD PROPERTY FORECLOSED UPON OR GIVEN TITLE OR DEED IN LIEU THEREOF IN THE LAST SEVEN YEARS? ___ YES ___ NO

I (We) agree that this application may be referred to the Credit Bureau of Hawaii, our financial institution, or to any officials of the above firm for approval, and if credit is extended, I (we) further agree that such extension of credit be subject to the following conditions:

1. I (we) personally agree to pay the amount due, as evidenced by the account, no later than 30 days following the last day of the month in which indebtedness is incurred.
2. I (we) agree that any amount not paid within the time allowed in paragraph 1, shall be considered delinquent and shall bear interest at the rate of 18 percent (18%) per annum from and after the first day the same became delinquent.
3. In the event that the delinquent account is placed in the hands of licensed collector or an attorney for collection, or suit is instituted on this account, I (we) agree to pay, in addition to the amount of the delinquent account and interest, a collector's or attorney's fee equal to 33-1/3% of said delinquent account.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature & Print Name_____
Date