

APPLICATION FOR CREDIT

Company Name: _____ Years in Business: _____ DUNS # _____

Phone Number: _____ Corporation: _____ Company Type: _____
Sole Proprietor: _____ Gov. _____

Fax Number: _____ Partnership: _____ Non-Profit _____

Physical Address:

.Billing Address:

Bank References

Bank Name	Phone Number	Fax Number
Account Number	Contact	

Open Account References

1. _____
Name Phone Number Fax Number

Address City ST Zip

2. _____
Name Phone Number Fax Number

Address City ST Zip

3. _____
Name Phone Number Fax Number

Address City ST Zip

Accounts Payable

Contact: _____ Phone: _____ Email: _____

Special Requirements

Please notate any special requirements in the space provided

Platinum terms are 30 days. Late fees may be imposed if payments are not received in 30 days. In the case of payment default, the laws of the state of California apply and litigation will be filed in the state of California.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Inter Company Use Only:

Credit Limit Requested: _____ Sales Rep _____ Account Number: _____

Credit Limit Granted: _____ Approved By: _____ Date: _____

