29752 Ave. De Las Banderas
Rancho Santa Margarita, CA 92688
(949) 837-6187 • (800) 424-0047
Fax (949) 837-4427 • (800) 825-9641

CREDIT APPLICATION

Credit Line Requested _____

❒ COD Company Check ❒ Net Terms ❒ New Application ❒ Updated Application

Do you pay your bills on time? ❒ Yes ❒ No

COMPANY INFORMATION

Name

Address	City	State	Zip	Phone

❒ Subsidiary — Parent Company

❒ Division — Address — City, State, Zip Code

If checked complete this section

For Sole Proprietor, Partnership, or Non-Public Corporation Complete the Following:

Principals' Name	Driver License No.
Social Security No.	Home Telephone No.
Principals' Name	Driver License No.
Social Security	Home Telephone No.

Bank Reference

Name

Account No.	Phone No.

Check One

❒ Sole Proprietor _____

❒ Corporation (State) _____
Incorporation Date _____

❒ Partnership (info on all partners)

Company Profile

Type of Business _____

Date Established _____

Annual Sales Volume _____

FOR BANK USE ONLY

Average Balance _____

Account No/Officer _____

Date Opened _____

Loans _____

Trade Reference (Major Supplier)

1. Name _____ Phone _____ Payment Terms _____ Credit Limit _____
   Address _____ City _____ State _____ Zip _____
   Customer No. _____
2. Name _____ Phone _____ Payment Terms _____ Credit Limit _____
   Address _____ City _____ State _____ Zip _____
   Customer No. _____
3. Name _____ Phone _____ Payment Terms _____ Credit Limit _____
   Address _____ City _____ State _____ Zip _____
   Customer No. _____
4. Name _____ Phone _____ Payment Terms _____ Credit Limit _____
   Address _____ City _____ State _____ Zip _____
   Customer No. _____

If in California, fill out and include resale card with credit application, if out of state, please fill in your resale number.

_____

All above information must be completed: incomplete information will cause a delay on approval of credit.

We understand that your invoices are payable and due on the terms agreed upon. We agree within these terms if granted an open account. Should this account ever become delinquent and it would be necessary to employ an attorney to collect or to commence suit to enforce payment, we agree to pay reasonable attorney fees and court costs, and other expenses incurred. There is a $20.00 fee for all returned checks.

By signing this agreement I/we authorize the release of credit and banking information by the reference listed above.

Name _____

Signature _____

Title _____ Date _____

(Must be owner or officer)