## Credit Application

Phone: (949) 660-9473
Fax: (949) 660-0325

YOUR BUSINESS INFORMATION


COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

| NAME | TITLE |  |
| :--- | :--- | :--- |
|  |  | ADDRESS |
| NAME | TITLE | ADDRESS |
| NAME |  | PHONE |

## BANK REFERENCES

| NAME OF BANK | NAME TO CONTACT |
| :--- | :--- |
| BRANCH | ADDRESS |
| CHECKING ACCOUNT NO. | TELEPHONE/FAX NUMBER |

TRADE REFERENCES

| FIRM NAME | CONTACT NAME | TELEPHONE / FAX NUMBER | ACCOUNT OPEN SINCE |
| :---: | :---: | :---: | :---: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## CONFIRMATION OF INFROMATION ACCURACY AND RELESE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is to be used to determine the amount and conditions of credit to be extended. I understand that the other sources of credit considered necessary in making the determination may also be used. Further, I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist in establishing a line of credit.

| SIGNATURE |
| ---: |
| POLICY STATEMENT: INITIAL ORDER FROM NEW ACCOUNTS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY |
| THE ABOVE REQUESTED INFORMATION. |
| TERMS: NET 30 DAYS FROM DATE OF INVOICE UNLESS OTHERWISE STATED. |

