



CREDIT APPLICATION

Please complete this credit application and fax it back A.S.A.P. to (213) 622-1912

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ FAX #: _____

OWNERSHIP: Sole Owner Partnership TAX I.D.# (if CORP.): _____

PRINCIPLE: _____
Name Title SS#

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TRADE REFERENCES: (Name suppliers of major products and services)

SUPPLIER	PHONE	FAX	ACCOUNT #

BANK REFERENCE: Checking Loan Savings

NAME	PHONE	FAX	ACCOUNT #

Est. Annual Sales: \$ _____ Sales Area: _____

Has the firm or any of its principals ever been bankrupt? Yes No

If yes, explain: _____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signed _____ Date: _____