



Confidential Credit Application

1770 Brackett St.
La Verne CA 91750
TOLL FREE 888 337-7867
PH: 909 629.-7301
FAX: 909.629.7380

Company Name: _____ Cust. # _____

Ship to: _____ City _____ State/Zip _____

Billing to: _____ City _____ State/Zip _____

Phone _____ Fax _____ E-Mail _____

CREDIT REFERENCES:

1. Company _____ Contact _____
Address _____
Phone _____ Fax _____

2. Company _____ Contact _____
Address _____
Phone _____ Fax _____

3. Company _____ Contact _____
Address _____
Phone _____ Fax _____

BANK REFERENCES

Name _____ Acct. # _____ Contact _____
Address _____ Phone _____ Fax _____

PRINCIPALS/OWNERS/CONTACTS

Name _____ Title _____ SS# _____
Name _____ Title _____ SS# _____

Accounts Payable Contact _____ Phone _____

COMPANY INFORMATION

Please Circle: Individual Partnership or Corporation
SS# _____ Federal Tax I.D. # _____

In business since: _____ State _____ Incorporated Date _____ Type _____

Annual Sales Volume _____ Anticipated Monthly Credit Req'd _____

D&B Number _____ Rating _____ (if applicable)

California Resale Number (if applicable) _____