



1967 North Main Street
 Orange, CA 92865
 800-996-0411 Fax: 714-244-4451
APPLICATION FOR CREDIT

Name of Individual or Firm: _____
 Address: _____ Years at this address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Name of person responsible for A/P: _____
 A/P Fax: _____

THE FOLLOWING INFORMATION MUST BE PROVIDED AND WILL BE HELD IN CONFIDENCE

OWNERSHIP: Corporation Partnership Individual
 Federal Tax ID Number: _____
 Sales Tax Exemption No.: _____
 Name of Principals: _____
 Address, City, State; _____
 Finance/Bank: _____
 Address, City, State; _____
 Contact: _____
 Phone: _____ Fax: _____

BUSINESS REFERENCES (3 REQUIRED)

Business Name: _____
 Address: _____
 Phone: _____ Fax: _____
 City/State: _____
 Business Name: _____
 Address: _____
 Phone: _____ Fax: _____
 City/State: _____
 Business Name: _____
 Address: _____
 Phone: _____ Fax: _____
 City/State: _____

We certify that all the above information is correct. We fully understand the Credit Terms and agree to the proper payment in consideration of extended credit.

Signed: _____ Title: _____ Date: _____