



DEALER / CREDIT APPLICATION

FAX TO: 562-424-3520

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ Tel: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_ Years in Business: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Ship COD? Yes/No: \_\_\_\_\_

TYPE OF BUSINESS: *(If incorporated, list names of officers)*

President/Owner: \_\_\_\_\_ Corporation

Vice-Pres: \_\_\_\_\_ Partnership

Secretary: \_\_\_\_\_ Proprietorship

Treasurer: \_\_\_\_\_ Other (Specify)

Bank Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Account No: \_\_\_\_\_ Contact: \_\_\_\_\_

*List three suppliers with whom you have established credit:*

Name	Address	Telephone/Fax Numbers
		(T)
		(F)
		(T)
		(F)
		(T)
		(F)

Credit Requested: \_\_\_\_\_ Credit Approved: \_\_\_\_\_

Our principal business is: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only do not write below this point							
Cust. #	Terms	Approved By	Confirmed By	Category Code	Sales Code	Class Code	Lit. Sent