



120 Commerce Way
Walnut, CA 91789 | Sales: 704-496-4029 | 909-444-1153 | Fax: 909-444-1155

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Contact Person:

Company name:

Phone:

Fax:

E-mail:

Address:

City:

State:

ZIP Code:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

BANK REFERENCE

Bank name:

Bank address:

Phone:

City:

State:

ZIP Code:

Type of account

Account number

Savings

Checking

Other

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Type of account:

The undersigned hereby agrees that should a credit account be opened in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs.

The undersigned individual who is either a principal of the credit applicant or a sole proprietorship of the credit application, recognizing that his or her individual credit history may be a factor in the evaluation of the credit history of the applicant, hereby consents to and authorizes the use of a consumer credit report of the undersigned by the above named business credit grantor, from time to time as may be needed in the credit evaluation process.

Company:

Date:

Signature:

Title:

Please Print Your Name: