



1201 N. Tustin Avenue
 Anaheim, CA 92807
 Phone: (714) 630-6100
 Fax: (714) 630-6114

CREDIT APPLICATION

Account approval requires secondary security (see "Security" section below)

Please print clearly in black ink.

Firm Name _____		Date _____	
Phone _____	Fax _____	E-mail _____	
Billing Address _____			
City _____		State _____	Zip _____
Shipping Address (if different) _____			
City _____		State _____	Zip _____
Type of Business _____		License # _____	Owned Since _____
Ownership: <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Fed Tax ID # _____			
Owner/Partner (1) Name: _____		Address: _____	
City/State/Zip _____		Phone _____	Last 4 digits of SS# _____
Owner/Partner (2) Name: _____		Address: _____	
City/State/Zip _____		Phone _____	Last 4 digits of SS# _____
Corporation: President _____ Secretary _____			

Bank: _____			
<i>Name/Branch</i>	<i>Phone</i>	<i>Acct. No.</i>	Checking _____ Savings _____
Bank: _____			
<i>Name/Branch</i>	<i>Phone</i>	<i>Acct. No.</i>	Checking _____ Savings _____

Trade References:		Amount of Credit Requested Per Month _____	
1) Name _____			
Address _____		State _____	Zip Code _____
Phone _____	Fax _____	Terms _____	When Opened _____
2) Name _____			
Address _____		State _____	Zip Code _____
Phone _____	Fax _____	Terms _____	When Opened _____

