



28955 Avenue Sherman
 Valencia, CA 91355
 Phone: (818) 364-2333
 Fax: (818) 362-9066

APPLICATION FOR CREDIT

Name of Firm: _____
 Doing Business As: _____
 Business Address: _____
 Mailing Address: _____
 Telephone #: _____ Email Address: _____
 Years in Business: _____ Type of Business: _____
 Resale #: _____ **COPY OF RE-SALE CERTIFICATE REQUIRED**

Email Invoices To: _____
 Accounts Payable Email: _____

Check one: Corporation Partnership Proprietorship

O W N E R S H I P	_____	_____	_____	_____	_____
	Name (President)	Address	City	State	Zip Code
	_____	_____	_____	_____	_____
	Name (Secretary)	Address	City	State	Zip Code
	_____	_____	_____	_____	_____
	Name (Treasurer)	Address	City	State	Zip Code
	_____	_____	_____	_____	_____

F I N A N C E	_____	_____		
	Bank Name	Branch		
	_____	_____		
	Address	City	State	Zip Code
	_____	_____	_____	_____
	Checking Account#	Savings Account#		
	_____	_____		

R E F E R E N C E S	_____	_____		
	Name	Email Address		
	_____	_____		
	Address	City	State	Zip Code
	_____	_____	_____	_____
	Name	Email Address		
_____	_____			
Address	City	State	Zip Code	
_____	_____	_____	_____	
Name	Email Address			
_____	_____			
Address	City	State	Zip Code	
_____	_____	_____	_____	

PLEASE PROVIDE A MINIMUM OF 3 REFERENCES

Signature _____ Title _____ Date _____