



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 #: _____		<b>COPY OF RE-SALE CERTIFICATE REQUIRED</b>			
Email Invoices To: _____					
Accounts Payable Email: _____					
Check one:      Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>					
<b>O W N E R S H I P</b>	Name (President)      Address      City      State      Zip Code				
	Name (Secretary)      Address      City      State      Zip Code				
	Name (Treasurer)      Address      City      State      Zip Code				
<b>F I N A N C E</b>	Bank Name		Branch		
	Address		City	State	Zip Code
	Checking Account#		Savings Account#		
<b>R E F E R E N C E S</b>	Name		Email Address		
	Address		City	State	Zip Code
	Name		Email Address		
	Address		City	State	Zip Code
	Name		Email Address		
	Address		City	State	Zip Code
<b>PLEASE PROVIDE A MINIMUM OF 3 REFERENCES</b>					
Signature		Title		Date	