

Customer Credit Application
please fax to: Credit Dept. 323-888-8768

Company Information:

Name of Company: _____ DBA (If Applicable): _____

DUNS Number: _____ Terms Applying For: _____ Years in Business: _____

FEIN or SS# if Sole Proprietor: _____ Tax Exempt Resale #: _____

Owner/Management Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Bank Name & Location: _____

Bank Telephone: _____ Bank Account #: _____

Trade References:

Company Name: _____ Telephone #: _____

Address: _____

Account #: _____ Sold to Since: _____ Terms: _____ Credit Limit: _____

Company Name: _____ Telephone #: _____

Address: _____

Account #: _____ Sold to Since: _____ Terms: _____ Credit Limit: _____

Company Name: _____ Telephone #: _____

Address: _____

Account #: _____ Sold to Since: _____ Terms: _____ Credit Limit: _____

Accounts Payable Contact:

Name: _____ Telephone #: _____

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Past due invoices are subject to a late penalty of 1 & 1/2 % per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default.

The applicant hereby authorizes and instructs any person, company or credit reporting agency to compile and furnish any information concerning the applicant and/or the company.

Authorized By: _____ Title: _____ Date: _____

Please attach a copy of your tax exempt resale certification to this application, if applicable

Approved: _____ Date: _____ Terms: _____ Limit: _____

Sales Rep: _____ CA County: _____ Acct #: _____