



APPLICATION FOR CREDIT

1952 E. McFadden Ave.
Santa Ana, CA 92705
714/835-3545 - FAX 714/835-7280

CONFIDENTIAL

COMPANY INFORMATION

BILL TO: _____ SHIP TO: _____
NAME _____ NAME _____
ADDRESS _____ ADDRESS _____
CITY/STATE/ZIP _____ CITY/STATE/ZIP _____
PHONE # _____ FAX # _____

OWNERSHIP Proprietorship Partnership Corporation Divison Subsidiary Branch

OFFICERS OF THE CORPORATION:
NAME/TITLE: _____ NAME/TITLE: _____

LIST OWNER AND/OR PARENT CORPORATION: _____ YEAR STARTED: _____

FINANCIAL STATEMENTS ATTACHED: YES NO Annual Sales _____ Net Worth _____

SOCIAL SECURITY NUMBER OR FEDERAL I.D. # _____ LINE OF CREDIT REQUESTED _____

DUNN AND BRADSTREET # _____ A/P MANAGER/PHONE/EXT _____

ARE THERE ANY ASSETS ENCUMBERED BY A PRESENT LEIN OR SECURITY INTEREST? YES NO
IF YES, NAME, ADDRESS AND TELEPHONE # OF SECURED PARTY MUST BE PROVIDED.

TRADE AND BANK REFERENCES

TRADE REFERENCE TRADE REFERENCE
TEL # _____ FAX # _____ TEL# _____ FAX# _____
ADDRESS _____ ADDRESS _____
CITY/STATE/ZIP _____ CITY/STATE/ZIP _____
ACCOUNT #/CONTACT _____ ACCOUNT #/CONTACT _____

TRADE REFERENCE TRADE REFERENCE
TEL # _____ FAX # _____ TEL# _____ FAX# _____
ADDRESS _____ ADDRESS _____
CITY/STATE/ZIP _____ CITY/STATE/ZIP _____
ACCOUNT #/CONTACT _____ ACCOUNT #/CONTACT _____

BANK NAME PHONE#/CONTACT PERSON
ADDRESS _____ ACCOUNT NUMBER CHECKING _____
ACCOUNT NUMBER SAVINGS _____