



1850 W. 169th St. Suite B  
Gardena, CA 90247  
310-366-7612 Fax: 310-366-6938

## BUSINESS CREDIT APPLICATION

### NAME/ADDRESS

Last:	First:	Middle Initial:	Title:
Name of Business:			Tax I.D. Number
Address:			
City:	State:	Zip Code:	Telephone:

### COMPANY INFORMATION

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>				
If Division/Subsidiary, Name of Parent Company:	In Business Since:			
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	Zip Code:	Telephone
Name of Company Principal Responsible for Business Transactions:	Title:			
Address:	City:	State:	Zip Code:	Telephone

### BANK REFERENCES

Institution Name:	Checking Account #
Address:	Phone:

### TRADE REFERENCES

Company Name	Contact Name	Account #
Address:		Phone:
Company Name	Contact Name	Account #
Address:		Phone:

### STATEMENT OF ACCURACY AND PERMISSION TO VERIFY

I hereby certify that the information contained in this credit application is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date