



APPLICATION FOR CREDIT

~ 30941 W. Agoura Rd. #302, Westlake Village, CA 91361 • Phone: (818) 889-7350 Fax: (818) 707-3937 ~

FIRMNAME: _____ **DATE:** _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

At present location since: _____ Year established: _____ E-Mail: _____

Description of business: _____

Ownership: Corporation Partnership Proprietorship Other – explain (over)

REFERENCES: (Give only names of those you buy from on open account)

Name: _____ Contact: _____ Acct. #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Name: _____ Contact: _____ Acct. #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Name: _____ Contact: _____ Acct. #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

BANK: (All items must be filled in)

Name: _____ Contact: _____ Acct. #: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Should the undersigned firm fail to pay any amounts due and owing within thirty (30) days of billing, the undersigned agrees to pay a finance charge of 1.5% per month of the sum due and owing, plus any and all costs incurred in connection with collection of overdue accounts, including but not limited to “reasonable attorney’s fees”.

Name: _____ Title: _____

SIGNED:

This account is personally guaranteed by: _____

Name: _____