



DISTRIBUTOR CREDIT APPLICATION

Company Name:		Date:	
Address:			
City:		State:	Zip:
Telephone: ()		Fax: ()	
Resale #:		Type of Business:	
Owner:		SS#/Fed ID:	
President:		Sales Manager:	
Years in Business:		# of Sales Persons:	
Dun & Bradstreet #:			
Bank:		Account #:	
Address:			
City:		State:	Zip:
Bank Telephone: ()			
Credit Line Desired:\$		Est. Monthly Purchase:\$	
CREDIT REFERENCES			
Company	Address	Phone	Fax
1:			
2:			
3:			
4:			
PLEASE SUBMIT APPLICATION WITH A COPY OF YOUR LATEST FINANCIAL AND OPERATION STATEMENTS. THESE DOCUMENTS ARE HELD IN CONFIDENCE AND USED ONLY FOR CREDIT EVALUATION PURPOSES.			
<small>The information and statements in this application are true and complete and are made for the purpose of inducing you to establish an open account line of credit. You are hereby authorized to obtain any information you consider necessary from any source whatsoever, concerning statements in application.</small>			
Signature:		Name(PRINT):	
Title:			
Date:			

240 Clary Ave., San Gabriel, CA 91776

Phone: 760-244-1300

Fax: 626-285-3302