



# CREDIT APPLICATION

26111 YNEZ RD. #C-7 · TEMECULA, CA. 92591

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PLEASE COMPLETE THIS CREDIT APPLICATION AND RETURN IT VIA EMAIL OR FAX: **951.296.1543**

BILLING ADDRESS:		SHIPPING ADDRESS:	
COMPANY NAME		COMPANY NAME	
ATTENTION/CONTACT		ATTENTION/CONTACT	
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TELEPHONE		TELEPHONE	
FAX		FAX	
EMAIL		EMAIL	

GENERAL INFORMATION			
FEDERAL TAX ID NO.	COMPANY COMPOSITION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LLC <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER		CORPORATION STATE OF:
PRINCIPAL/OWNER	TITLE	SOCIAL SECURITY #	PHONE # & EXTENTION
AMOUNT OF CREDIT DESIRED	YEARS IN BUSINESS	NATURE OF BUSINESS	

BANK INFORMATION		
BANK NAME	ADDRESS	CITY, STATE, ZIP
CONTACT	PHONE #	ACCOUNT #

OPEN ACCOUNT REFERENCES		
NAME	ADDRESS, CITY, STATE, ZIP	
CONTACT	PHONE #	ACCOUNT #
NAME	ADDRESS, CITY, STATE, ZIP	
CONTACT	PHONE #	ACCOUNT #
NAME	ADDRESS, CITY, STATE, ZIP	
CONTACT	PHONE #	ACCOUNT #

_____	_____	_____
SIGNATURE	PRINT FULL NAME	DATE

OFFICE USE ONLY		
CREDIT LIMIT _____	APPROVED BY: _____	DATE: _____