



1000 Air Way, Glendale, CA 91201
Tel: 818-247-1000 Fax: 818-247-8530

APPLICATION FOR CREDIT

Please Type or Print Clearly

Name of Business _____ Telephone () - _____

Address _____ City _____ State _____ Zip _____

Resale License # _____ Year Established _____

The Business Is: Owned by You A Partnership A Corporation

Please list each owner of the business and their current residential address:

Name	Address	City/State/Zip	Phone

BANK INFORMATION:

Name of Bank / Branch / Address	Phone
	() - _____

The Business Property Is: Leased Rented Owned

THREE TRADE REFERENCES: Please be certain phone numbers are LEGIBLE

Name	Address	City/State/Zip	Phone	Fax
			() - _____	() - _____
			() - _____	() - _____
			() - _____	() - _____

I / WE ASSURE YOU THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT. YOU MAY VERIFY ANY OF THE ABOVE INFORMATION FROM TIME TO TIME WITH OUR REFERENCES.

I / WE UNDERSTAND THAT YOUR TERMS ARE NET 30 DAYS. I/WE AGREE TO PAY 1.5% / MONTH FINANCE CHARGE ON BALANCE OVER 31 DAYS, PLUS REASONABLE ATTORNEY FEES AND COSTS IN CASE OF DEFAULT IN PAYMENT TO YOU.

FURTHERMORE, I / WE PERSONALLY GUARANTEE PAYMENT OF OUR OBLIGATION, REGARDLESS OF BREAK-UP OR SALE OF OUR COMPANY.

Signature of Applicant, Name of Applicant, Title (MUST BE AN OFFICER) Date

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APPLICATION MUST BE SIGNED BY ALL OFFICERS / OWNERS. (BOOKKEEPERS ARE NOT ACCEPTABLE).
Applications not completely filled out will NOT be processed. Application is NOT credit approval