



# CREDIT APPLICATION

2345 W. 17TH STREET, LONG BEACH, CALIFORNIA 90813. 800: 734-8355. 562: 435-4826. FAX: 562: 437-6894

CUSTOMER # \_\_\_\_\_

DATE: \_\_\_\_\_

1. NAME: \_\_\_\_\_

SHIP TO: \_\_\_\_\_

2. ADDR.: \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

ATTN: \_\_\_\_\_

6. ATTN: \_\_\_\_\_

FAX #: ( ) \_\_\_\_\_

7. PHONE #: ( ) \_\_\_\_\_

24. RESALE (Y OR N) \_\_\_\_\_

DATE BUSINESS STARTED: \_\_\_\_\_

TYPE/BUSINESS: \_\_\_\_\_

25. FEDERAL I.D. #: \_\_\_\_\_

SUBSIDIARY OR DIV.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

PLEASE CHECK ONE  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR

PLEASE COMPLETE THE FOLLOWING FOR OFFICERS, PARTNERS OR OWNERS

NAME:	ADDRESS	TITLE	SOC. SEC. #

SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR TELL STEEL USE ONLY—DO NOT FILL IN BELOW!

8. DATE OPENED: \_\_\_\_\_

26. TAX AUTH CODE 1 \_\_\_\_\_

9. LAST CR. CK: \_\_\_\_\_

27. TAX AUTH CODE 2 \_\_\_\_\_

10. REP. # \_\_\_\_\_ CODE: \_\_\_\_\_

28. TAX AUTH CODE 3 \_\_\_\_\_

13. ENTITY TYPE: \_\_\_\_\_

29. ALPHA SORT \_\_\_\_\_

14. BROKER \_\_\_\_\_

30. ZIP CODE SORT \_\_\_\_\_

15. (B OR E) \_\_\_\_\_

31. SORT 1 \_\_\_\_\_

18. TERMS CODE \_\_\_\_\_

32. SPECIAL NOTES CODE: \_\_\_\_\_

19. STATEMENTS (Y OR N) \_\_\_\_\_

33. CREDIT RATING CODE: \_\_\_\_\_

20. CREDIT LIMIT: \_\_\_\_\_

21. BAL. FRWD. (Y OR N) N

22. FINANCE CHG CODE \_\_\_\_\_

23. CONTRACT PRC (Y OR N) N

CREDIT LIMIT: _____		
APPROVED BY: _____		
NEW-OLD-UPDATE: _____		

# TRADE REFERENCES

CUSTOMER ONLY FILL IN NAME, ADDRESS, & PHONE #.

NAME:		PHONE #:		ADDRESS:	
S.D.	H.C.	OWES	TERMS	PAYS	OTHER INFO:
NAME:		PHONE #:		ADDRESS:	
S.D.	H.C.	OWES	TERMS	PAYS	OTHER INFO:
NAME:		PHONE #:		ADDRESS:	
S.D.	H.C.	OWES	TERMS	PAYS	OTHER INFO:
NAME:		PHONE #:		ADDRESS:	
S.D.	H.C.	OWES	TERMS	PAYS	OTHER INFO:
NAME:		PHONE #:		ADDRESS:	
S.D.	H.C.	OWES	TERMS	PAYS	OTHER INFO:
NAME:		PHONE #:		ADDRESS:	
S.D.	H.C.	OWES	TERMS	PAYS	OTHER INFO:

NAME OF BANK & BRANCH	PHONE #	ACCT. NO:	OPENED	FIGURE

ARE YOUR ACCOUNTS RECEIVABLE SECURED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	BY WHOM: _____
DO YOU HAVE ANY LOANS OVER \$5000?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	BY WHOM: _____

In consideration of the granting and extension of credit by Seller to the undersigned, it is hereby agreed that the undersigned will promptly pay all sums when due. In the event of non-payment, the undersigned does hereby agree to pay in addition to the principal amounts due, all collection charges, incurred by Seller, including charges made by a collection agent up to but not exceeding 30% of the principal balance due and, in the event of suit, reasonable attorneys' fees and court costs. The undersigned further agrees to pay interest at the rate of 10% per year commencing the first day following the due date.

CUSTOMER

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
SIGNED:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
TITLE:

(OFFICER OR OWNER)