

CREDIT APPLICATION



8711 Bell Road
P.O.Box 39
Windsor, CA 95492
(707) 838-7101
Fax (707) 838-7785

Company	
DBA (if different)	
Contact person	
Address	
Billing Address (if different)	
Phone	Fax
Accounts Payable Contact	Fax
Federal tax ID or Social Security number.	
Type of business	No. of employees
Date business established	
Are you sales tax exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Attach Re-sale Card if you are NOT subject to sales tax	
Are you a:	
<input type="checkbox"/> CORPORATION	
State of incorporation	
Names and titles of your three chief corporate officers	

<input type="checkbox"/> PARTNERSHIP	
Names of the partners	

<input type="checkbox"/> SOLE PROPRIETORSHIP	
Have you ever had credit with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, under what name?	

Authorized purchasers	

Purchase order required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TRADE REFERENCES**Reference #1**

Name _____

Address _____

Phone _____

Fax _____

Reference #2

Name _____

Address _____

Phone _____

Fax _____

Reference #3

Name _____

Address _____

Phone _____

Fax _____

Reference #4

Name _____

Address _____

Phone _____

Fax _____

Reference #5

Name _____

Address _____

Phone _____

Fax _____

BANK REFERENCES**Bank#1**

Account # _____

Phone / Fax _____

Contact person _____

Name of bank _____

Address _____

I represent that the above information is true and is given to induce to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of my company and myself.

Authorized signature: _____**Printed name:** _____**Title:** _____**Date:** _____