



7094 Miramar Road • Suite 104 • San Diego, CA 92121
(858) 693-6776 • Fax (858) 271-5072

APPLICATION FOR CREDIT

Firm Name: _____ D.B.A: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Billing Address

(if different from above): _____

Type of Business: _____

Corporation

Partnership

Sole Owner

How Long in Business: _____ Years at Present Location: _____

Name and Branch of Bank: _____ Phone: _____

Address of Bank: _____ Account #: _____

Amount of Credit Desired: _____

TRADE REFERENCES (No Competitors)

1. _____
Name Address

City State Zip Phone Fax

2. _____
Name Address

City State Zip Phone Fax

3. _____
Name Address

City State Zip Phone Fax

- ◆ Terms: 30 Days upon receipt of statement - 1 1/2% Service Charge per Month on Past Due accounts.
- ◆ Applicant's signature attests understanding of our terms, financial responsibility & willingness to pay our invoices in accordance with our terms.
- ◆ This application must be personally signed by owner or officer of applicants business.

Date: _____

Signature: _____

Print Name: _____ Title: _____