

## Customer Application Form

### A) Customer Information

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-mail: \_\_\_\_\_

( please specify owner / authorized buyer / etc. )

Estimated Annual Sales: \_\_\_\_\_ Estimated Line of Credit Required: \_\_\_\_\_

Resale# ( for CA customers only ): \_\_\_\_\_ ( please attach copy of seller's permit )

Tax ID#: \_\_\_\_\_ Year Established: \_\_\_\_\_

Business Type:  Distributor  Retailer  Home Based

Other If others, please specify: \_\_\_\_\_

### **FOR OFFICE USE ONLY:**

Credit Limit: \_\_\_\_\_

Terms: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_

B) Trade References ( only if applying terms )

1 Company Name: \_\_\_\_\_ Account No. \_\_\_\_\_  
Address: \_\_\_\_\_ Years of doing Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

2 Company Name: \_\_\_\_\_ Account No. \_\_\_\_\_  
Address: \_\_\_\_\_ Years of doing Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

3 Company Name: \_\_\_\_\_ Account No. \_\_\_\_\_  
Address: \_\_\_\_\_ Years of doing Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

4 Company Name: \_\_\_\_\_ Account No. \_\_\_\_\_  
Address: \_\_\_\_\_ Years of doing Business: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

C) Bank References ( only if applying terms )

Bank Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Type:  Checking  Saving  Money Market  
 Other *If others, please specify:* \_\_\_\_\_

D) Accounting Information

Account Payable Name: \_\_\_\_\_  
Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Credit Card Authorization**  
*(For customers paying by Credit Card only)*

*Master Card*

*Visa (Please check one)*

*Credit Card#:* \_\_\_\_\_

*Exp. Date:* \_\_\_\_\_

*CSV Number:* \_\_\_\_\_

*Card Holder's Name:* \_\_\_\_\_

*Card Holder's Signature:* \_\_\_\_\_

*Card Billing Address:* \_\_\_\_\_

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip:* \_\_\_\_\_

*Use this credit card for first order only.*

*Keep this credit card on file for future orders.*

*(Please check one)*

*Card Holder Signature*   X   \_\_\_\_\_

*Date:* \_\_\_\_\_

*Please fax this copy along with your DRIVERS LICENSE to 213-683-8082.*

All personal information will be kept  
filed, unless instructed otherwise.

Thank you for your cooperation!

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