COMMERCIAL CREDIT APPLICATION

• CUSTOM DISTRIBUTORS •

Phone (626) 359-4025 P.O. Box 1446 - Duarte, CA 91010 FAX (626) 599-1824

APPLICATION INFORMATION

BUSINESS NAME	TAX RESALE NUMBER	LIMIT REQUESTED

MAILING ADDRESS	CITY	STATE	ZIP

BUSINESS ADDRESS	CITY	STATE	ZIP

PRIMARY CONTACT	PHONE	FAX
	( )	( )

PARENT COMPANY (IF BRANCH OR SUBSIDIARY)	TYPE OF BUSINESS
	☐ PARTNERSHIP ☐ SOLE PROPRIETOR ☐ CORPORATION

DATE AND STATE INCORPORATED	DUN AND BRADSTREET NUMBER	WILL PURCHASE ORDERS BE USED
		☐ YES ☐ NO

PARTNERS AND OFFICERS INFORMATION

NAME	TITLE	HOME PHONE	SOCIAL SECURITY NUMBER
		( )	

HOME ADDRESS	CITY	STATE	ZIP

NAME	TITLE	HOME PHONE	SOCIAL SECURITY NUMBER

HOME ADDRESS	CITY	STATE	ZIP

BANK INFORMATION

BANK NAME	ACCOUNT NUMBER	PHONE
		( )

ADDRESS	CITY	STATE	ZIP

BUSINESS REFERENCES

NAME/ADDRESS	PHONE
	( )
NAME/ADDRESS	PHONE
	( )
NAME/ADDRESS	PHONE
	( )

By signing below, I hereby certify that I am a principal of the above business, and do so personally guarantee this account and payment of any sums due by the above named business, and that I have read all the terms and conditions attached and that I understand and agree to the same, and that all information contained in this application is true and correct to the best of my knowledge.

AUTHORIZED USER(S) NAME AND TITLE	SOCIAL SECURITY NUMBER	SIGNATURE	DATE

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