



**Corporate Headquarters**

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Phone 510.533.7693  
Fax 510.533.0815

**Los Angeles**

20300 South Vermont Ave. #245  
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Phone 310.630.1668  
Fax 310.630.1947

**Stockton**

3133 North Ad Art Road  
Stockton, CA 95215  
Phone 209.931.5522  
Fax 209.931.5844

**CREDIT APPLICATION**

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ TYPE OF BUSINESS \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_  
 ACCOUNTS PAYABLE CONTACT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 NO. YEARS IN BUSINESS \_\_\_\_\_ NO. OF EMPLOYEES \_\_\_\_\_

PAYMENT PERSONALLY GUARANTEED      YES      NO

BY \_\_\_\_\_ TITLE \_\_\_\_\_

**OWNERSHIP**

NAME OF OWNER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
 CITY STATE ZIP  
 HOME ADDRESS \_\_\_\_\_

**CREDIT REFERENCE**

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 CITY STATE ZIP  
 ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 CITY STATE ZIP  
 ADDRESS \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 CITY STATE ZIP  
 ADDRESS \_\_\_\_\_

**BANK REFERENCE**

BANK NAME \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 CITY STATE ZIP  
 ADDRESS \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_

All statements made herein are true and accurate to the best of our knowledge. We authorize the above company to make any and all inquiries necessary for action on this credit application. We hereby indemnify the above company and its agents, from any liability resulting from their credit survey.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_