



Corporate Credit Office  
1361 North Red Gum Street, Anaheim, CA,

## CREDIT APPLICATION (FOR RESELLERS ONLY)

Please complete this application, print and fax to 714/ 630-5242

Full Business Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Type of Business:      Sole Proprietor      Partnership      Corporation

Organized in What State? \_\_\_\_\_ Year Started \_\_\_\_\_

### NAMES AND ADDRESSES of OWNER(s), PARTNERS or OFFICERS

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Fed ID# or SS# \_\_\_\_\_ Fed ID# or SS# \_\_\_\_\_

### PRINCIPAL SUPPLIERS

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

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

Telephone \_\_\_\_\_ Contact \_\_\_\_\_

**Name** \_\_\_\_\_ **Address** \_\_\_\_\_

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

Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Contact \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Contact \_\_\_\_\_

**BANKING INSTITUTION**

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ Account Number \_\_\_\_\_

Contact \_\_\_\_\_

**CONTINGENT LIABILITY**

(If none, write "None" for each space where applicable)

Inventory \_\_\_\_\_ Accounts receivable \_\_\_\_\_

Sold, pledged, assigned or discounted to others with full recourse or liability to repurchase.

**LICENSE to RESALE**

Resale Number \_\_\_\_\_

**(Please attach a completed and signed resale card to this application)**

I understand that your terms are monthly with payment due on the 15<sup>th</sup> of the month following delivery and that a finance charge of 1.5% per month will be charged on all balances more than 30 days past due. Accounts maintaining balances of less than \$500per month or having a zero (\$0.00) balance for 60 days will be terminated. By signing this application I agree to the above terms and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**INTERNAL USE ONLY**

Account Number \_\_\_\_\_ Credit Line \_\_\_\_\_