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## CREDIT APPLICATION FOR OPEN ACCOUNT Date Phone: ( Company FAX: ( Mailing Address City, State, ZIP **Shipping Address** Resale Certificate Number (Please mail signed tax resale card **Active Trade Accounts** Company Bank Account Number **Bank Phone Contact Person** Name Address Phone Fax Name Address Phone Fax Name Address Phone Fax Name Address Phone Fax Visa/MasterCard Number: **Expiration Date:** Cardholder Name Signature of Cardholder Accounts Payable Contact At Your Company:



Phone:

Please Print Name: