



# COMMERCIAL

1335 S. Grand Ave Unit #B, Los Angeles, CA 90015  
 PHONE: 1(213) 745-2900 / FAX: 1(213)745-2904

ACCOUNT #: \_\_\_\_\_ CREDIT AMOUNT REQUESTED \$ \_\_\_\_\_

SALES REPRESENTATIVE: \_\_\_\_\_ TERMS \_\_\_\_\_ DATE \_\_\_\_\_

FAX # \_\_\_\_\_

|  |                                       |                   |          |  |       |              |  |
|--|---------------------------------------|-------------------|----------|--|-------|--------------|--|
| BUSINESS NAME  |                                       |                   |          | BUSINESS PHONE   |       |              |  |
| BUSINESS ADDRESS   |                                       |                   | CITY     |  | STATE | ZIP CODE     |  |
| BILLING ADDRESS ( If different from above)   |                                       |                   |          | PROPERTY IS:<br>OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> LEASED <input type="checkbox"/>                           |       |              |  |
| OWNER / MANAGER / BUYER  |                                       | TYPE OF BUSINESS  |          | TYPE OF OWNERSHIP:<br>Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> |       |              |  |
| YEARS IN BUSINESS  | INCORPORATED UNDER LAWS OF WHAT STATE | YEAR OF INC.      | TAX ID # | RESALE # (Please Attach a Copy)  |       |              |  |
| NAME & TITLE of PRINCIPLE OWNERS / STOCKHOLDERS PARTNERS / PARENT CORP. 1)                         |                                       | HOME ADDRESS      |          | CITY   | STATE | ZIP CODE     |  |
| PREVIOUS ADDRESS ( if under 5 years at present address)  |                                       |                   |          | CITY   | STATE | ZIP CODE     |  |
| IF SOLE PROPRIETORSHIP PLEASE SUPPLY ENTIRE LINE   |                                       | SOCIAL SECURITY # |          | DRIVER'S LICENSE (Please Attach a Copy)  |       | STATE ISSUED |  |
| NAME & TITLE of PRINCIPLE OWNERS / STOCKHOLDERS PARTNERS / PARENT CORP. 2)                         |                                       | HOME ADDRESS      |          | CITY   | STATE | ZIP CODE     |  |
| PREVIOUS ADDRESS ( if under 5 years at present address)  |                                       |                   |          | CITY   | STATE | ZIP CODE     |  |
| IF SOLE PROPRIETORSHIP PLEASE SUPPLY ENTIRE LINE   |                                       | SOCIAL SECURITY # |          | DRIVER'S LICENSE (Please Attach a Copy)  |       | STATE ISSUED |  |
| BANK NAME - CHECKING   |                                       | ADDRESS           |          | CITY   | STATE | ZIP CODE     |  |
| BANK CONTACT PERSON  |                                       | TITLE             |          | ACCOUNT NUMBER   |       | PHONE        |  |
| BANK NAME - SAVINGS  |                                       | ADDRESS           |          | CITY   | STATE | ZIP CODE     |  |
|  |                                       |                   |          |  |       |              |  |
| If Savings / Checking Account in Under a Different Name Please Check Here <input type="checkbox"/> |                                       |                   |          | Enclose A Voided Copy of Your Check <input type="checkbox"/>   |       |              |  |

THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON THE PAGE 2 IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE. I/ WE HEREBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY / OUR CREDIT AND FINANCIAL RESPONSIBILITY. I / WE GIVE CONSENT FOR MY / OUR BANK(S) TO GIVE A BANK RATING ON MY / OUR ACCOUNT(S).

AUTHORIZED SIGNATURE (On Bank File): \_\_\_\_\_ DATE: \_\_\_\_\_

