



CREDIT APPLICATION

FIRM NAME

Business Address :
City / State / Zip :
Phone : ( ) Fax: ( ) E-mail:
At present location since ( date ) :
Years in Business : Resale number :
Ownership : Corporation S Corp LLC Partnership
Sole proprietorship Other
Corporation I.D. No. : State Account No.:
Description of Business :
Home Address :
City / State / Zip :
Phone : ( ) Social Security No.:

TRADE REFERENCES : ( Only those you buy from an open account in California )

Name :
Address :
Phone / Fax : ( ) Years doing business with :
Name :
Address :
Phone / Fax : ( ) Years doing business with :
Name :
Address :
Phone / Fax : ( ) Years doing business with :

CREDIT REFERENCES :

Name :
Address :
Contact Name : Phone:( ) Fax:( )
Name :
Address :
Contact Name : Phone:( ) Fax:( )
Bank Name : Branch:
Bank Address :
Account Type and Acct No. :
Phone / Fax : ( ) How Long with this Bank ?

Do you pledge or borrow on your Account Receivable to any one? Yes / No If yes from Whom ?

Real Estate Owned Address :

Name of Mortgage on Real Estate:

Mortgage Loan No. : Property Value : \$

Mortgage on Machinery/Equipment: Equipment Value : \$

Name of Mortgage on Machinery/Equipment: Loan No. :

Insurance carried Name( SPECIFY ) Policy No. :

This application must be filled out completely in order for it to be processed.

I / We represent the above information is correct to the best of my / our knowledge and I / our intent for the purposes of this application.

I / We authorize DC Distributions, Inc. to make any inquiries it considers necessary and appropriate concerning such information.

NAME OF FIRM :

SIGNED BY : PRINT NAME :

COMPANY TITLE :

DATE : Dollar in the amount requesting: \$

\* PLEAES EMAIL THE COMPLETED APPLICATION TO info@dcdistributions.com OR FAX TO (323) 225 - 9080. THANK YOU.