

P.O. BOX 7200, Fullerton, CA 92834-7200 (800) 422-7373 • (714) 523-5544 Fax (714) 870-0608

APPLICATION FOR CREDIT

Company / Business Name			
Address		State	Zip
Phone No.:			
Check one:	If partnership, show re		sidential address of owner. partner. If corporation, or L.L.C, er.)
☐ Individual proprietorship☐ Partnership☐ □			
☐ Corporation ☐ Professional Corporation			
L.L.C. Other			
Length of time in business under curre If less than 5 years, previous address	ent name	Length of time at a	bove address
Name, branch, and address of banks			
,,			
. Account No.			
Please furnish 3 credit references in			
Name			
Address			
Name			
Address			
Name			
Address			
		Ph. No.	
The applicant hereby agrees to the follow Terms are 30 days net. Invoices will b subject to a 2% per month service charge on the attorney's fees incurred by Aurident, Inc. in enfo the State of California, County of Orange, and sh certifies that he or she is an officer, director, or p	e dated on the day of shipme e unpaid balance (24% ANNU proing this agreement. All tran all be subject to the laws of the	AL PERCENTAGE RATE), Appli sactions pursuant to this agree state of California. If applicant	ment shall be deemed to be entered into is a corporation, or L.L.C, the undersigned
Applicant certifies that all statements in may be required to determine whether credit sh credit bureaus, and consumer reporting agencie	ould be granted and to releas		Aurident, Inc. to obtain such information as cant's credit worthiness to other creditors
		s signature	
5	Print name	е	
	Social Sec	curity Number	
	Title		Date