



Credit Application

Name of Business: _____ Years in Business _____

Mailing Address: _____
Anticipated credit requirement _____

City: _____ State: _____ Zip: _____

Attention: _____ Send invoice by E-mail?
If yes - E-mail address _____

Phone # : _____ Fax # : _____

Payables Contact: _____ E-mail Address: _____

Type of Business: _____ Sole Propiership _____ Partnership _____ Corporation

Federal Identification Number (Income Tax) _____ D & B # : _____

California Seller's Permit Number (Sales Tax) _____

Principal Owner, Officers and / or Managers:

Name Title

Name Title

Name Title

Bank References

Name of Bank: _____ Account# _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone# _____

Credit References

1 Name: _____ City & State: _____

Phone # : _____ Fax # : _____

2 Name: _____ City & State: _____

Phone # : _____ Fax # : _____

3 Name: _____ City & State: _____

Phone # : _____ Fax # : _____

Applicant's signature attests to the financial responsibility, ability and willingness to pay our invoices in accordance with our credit terms of net 30 days from date of invoice and any charges that may accrue on past due balances. Applicant agrees to pay all of seller's cost of collection, reasonable attorney's fees and court costs as fixed by the court in the event of any legal action that is required to collect any indebtedness owed by the applicant to Ventura Transfer Company. Applicant authorizes banks and credit references to provide information requested by creditor in order to evaluate this application.

APPLICANT'S SIGNATURE

APPLICANT'S TITLE

APPLICANT'S NAME (PLEASE PRINT)

DATE