



1500 NORTH MARKET BLVD
 SACRAMENTO, CA 95834
 PHONE#: (916) 928-0770
 FAX #: (916) 928-0889

CREDIT APPLICATION

LEGAL BUSINESS NAME		<input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (Explain): _____	
TYPE OF BUSINESS		DATE ESTABLISHED	FEDERAL TAX ID NUMBER
MAILING ADDRESS		CITY	STATE ZIP COUNTY
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	PERSON(S) TO CONTACT

PERSONAL DATA - President, Vice President, Treasurer, Secretary

NAME	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
HOME ADDRESS	CITY	STATE ZIP	HOME PHONE NUMBER

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HOME ADDRESS	CITY	STATE ZIP	HOME PHONE NUMBER

BANK REFERENCE #1

NAME	CONTACT	ACCT #	PHONE NUMBER
ADDRESS	CITY	STATE ZIP	COUNTY

BANK REFERENCE #2

NAME	CONTACT	ACCT #	PHONE NUMBER
ADDRESS	CITY	STATE ZIP	COUNTY

THE UNDERSIGNED CERTIFIES THAT THE ABOVE INFORMATION, GIVEN FOR CREDIT PURPOSES IS TRUE AND CORRECT AND AUTHORIZES THE FIRM OR PERSON TO WHICH THIS APPLICATION IS MADE AND ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY TO INVESTIGATE THESE REFERENCES, STATEMENTS OR OTHER DATA LISTED OR ACCOMPANYING THIS APPLICATION. THE UNDERSIGNED AUTHORIZES ALL PARTIES CONTACTED TO RELEASE CREDIT INFORMATION REQUESTED AS A PART OF SAID INVESTIGATION.

* PLEASE NOTE THAT INLAND CHARGES 1 1/2 % INTEREST PER MONTH ON ANY OVER-DUE CHARGES.
 ** A \$25.00 CHARGE WILL BE ADDED TO YOUR ACCOUNT FOR ANY RETURNED CHECKS.

APPLICANT BUSINESS NAME _____

BY _____ TITLE _____ DATE _____