



28040 West Harrison Parkway
Valencia, CA 91355
Tel (661) 257-6060
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CONFIDENTIAL CREDIT APPLICATION

Line of Credit requested \$ _____ Date _____

Business Name _____ Phone _____

Billing Address/City/State/Zip _____

Shipping Address/City/State/Zip _____

Years at address? _____ D/B/A or other business name used _____

Federal Tax I.D. # _____ State Sales Tax I.D. # _____

Former Business Address (If Applicable) _____

Type of Business _____ Date Established _____ How Long In Business _____

Type of Ownership: Sole Proprietorship _____ Partnership _____ Corporation _____

Principal: _____
(Name) (Title) (SS#) (State of Residence)

Principal: _____
(Name) (Title) (SS#) (State of Residence)

Accounts Payable Contact: _____ Phone # _____

Accounts Payable Contact's email : _____

Number of Employees _____ Estimated Annual Sales \$ _____ Sales Area _____

Has the firm or any of its Principals ever been bankrupt? _____ Yes _____ No
If yes, please explain: _____
