



# CREDIT APPLICATION

\$

CREDIT AMOUNT REQUESTED

TODAY'S DATE

|  |            |                           |          |
|--|------------|---------------------------|----------|
| BUSINESS NAME                                  |            | TYPE OF BUSINESS          |          |
| D.B.A.   |            | DATE ESTABLISHED          |          |
| STREET ADDRESS                                 | CITY       | STATE                     | ZIP CODE |
| PHONE NUMBER                                   | FAX NUMBER | HOW LONG AT THIS ADDRESS? |          |
| FORMER BUSINESS NAME & ADDRESS (IF APPLICABLE) |            | FEDERAL TAX I.D. NUMBER   |          |

|                                |     |    |                         |     |    |
|--------------------------------|-----|----|-------------------------|-----|----|
| ARE YOUR PURCHASES FOR RESALE? | YES | NO | DO YOU REQUIRE A P.O.#? | YES | NO |
|--------------------------------|-----|----|-------------------------|-----|----|

|                          |              |
|--------------------------|--------------|
| ACCOUNTS PAYABLE CONTACT | PHONE NUMBER |
|--------------------------|--------------|

|                 |            |             |             |                   |
|-----------------|------------|-------------|-------------|-------------------|
| OWNERSHIP TYPE: | SOLE OWNER | PARTNERSHIP | CORPORATION | DATE INCORPORATED |
|-----------------|------------|-------------|-------------|-------------------|

### OWNERS / CORPORATE OFFICERS

|                     |                               |                   |
|---------------------|-------------------------------|-------------------|
| OWNER / OFFICER (A) | SOCIAL SECURITY NUMBER (SSN#) | HOME PHONE NUMBER |
| HOME STREET ADDRESS | CITY                          | STATE ZIP CODE    |
| OWNER / OFFICER (B) | SOCIAL SECURITY NUMBER (SSN#) | HOME PHONE NUMBER |
| HOME STREET ADDRESS | CITY                          | STATE ZIP CODE    |

### TRADE REFERENCES

|                               |              |                |
|-------------------------------|--------------|----------------|
| BUSINESS NAME - REFERENCE (A) | PHONE NUMBER | FAX NUMBER     |
| STREET ADDRESS                | CITY         | STATE ZIP CODE |
| BUSINESS NAME - REFERENCE (B) | PHONE NUMBER | FAX NUMBER     |
| STREET ADDRESS                | CITY         | STATE ZIP CODE |
| BUSINESS NAME - REFERENCE (C) | PHONE NUMBER | FAX NUMBER     |
| STREET ADDRESS                | CITY         | STATE ZIP CODE |

### BANK REFERENCES

|                           |                |                |      |         |
|---------------------------|----------------|----------------|------|---------|
| BANK NAME - REFERENCE (A) | ACCOUNT NUMBER | CHECKING       | LOAN | SAVINGS |
| CONTACT NAME              | PHONE NUMBER   | FAX NUMBER     |      |         |
| STREET ADDRESS            | CITY           | STATE ZIP CODE |      |         |
| BANK NAME - REFERENCE (B) | ACCOUNT NUMBER | CHECKING       | LOAN | SAVINGS |
| CONTACT NAME              | PHONE NUMBER   | FAX NUMBER     |      |         |
| STREET ADDRESS            | CITY           | STATE ZIP CODE |      |         |

HAS THE FIRM OR ANY OF IT'S PRINCIPALS EVER BEEN BANKRUPT? YES NO

IF YES, EXPLAIN:

---



---

**I/WE UNDERSTAND THE FOLLOWING AND WILL ABIDE BY YOUR COMPANY REGULATIONS:**

1.) IF GRANTED CREDIT, I/WE AGREE TO PAY ALL INVOICES WITHIN 30 DAYS OF INVOICE DATE.  
 2.) IT IS AGREED THAT MY/OUR ACCOUNT WILL BECOME C.O.D. IF I/WE FAIL TO PAY INVOICES WITHIN THE ABOVE STATED TERMS.  
 3.) NOTIFY SOUTH BAY ABRAMS MANUFACTURING & DISTRIBUTION OF ANY OWNERSHIP CHANGES OF OUR COMPANY.

X \_\_\_\_\_  
SIGNATURE (OWNER/PRINCIPAL)



DATE: \_\_\_\_\_

ATTN: CREDIT DEPARTMENT

FOR THE PURPOSE OF OBTAINING CREDIT WITH OUR COMPANY, YOUR NAME HAS BEEN GIVEN TO US FOR REFERENCE BY:

Would you please provide us with the following information? It would be held with the strictest confidence.

DATE ACCOUNT OPENED: \_\_\_\_\_

AVERAGE BALANCE: \_\_\_\_\_

HAVE THEY EVER HAD **NSF** CHECKS?      **YES**      **NO**

**CREDIT APPLICATION RELEASE**

I hereby authorize you to provide South Bay Abrams with the preceding information.

PRINT FULL NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**MAIL TO:** SOUTH BAY ABRAMS MFG. & DIST.  
15662 PRODUCER LANE  
HUNTINGTON BEACH, CA 92649

**OR**

**FAX TO:** (714) 934-3447

Sincerely,

Alan Wood  
Controller

