



# Credit Application

2315 Meredith Ln., Ste. D Santa Maria, CA 93455 805-925-9600 Fax 805-925-1033

Legal Name \_\_\_\_\_

Bill To Address

Phone _____ Fax _____

Ship To Address

Phone _____ Fax _____

Type of Business \_\_\_\_\_

Business start date \_\_\_\_\_

Owner \_\_\_\_\_

Contact \_\_\_\_\_

Resale Number \_\_\_\_\_

DNB # \_\_\_\_\_

Federal ID Numer \_\_\_\_\_

SSN \_\_\_\_\_

Items Interested in Purchasing \_\_\_\_\_

### Trade References - \*\*\*FAX NUMBERS REQUIRED or application WILL BE REFUSED\*\*\*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City,ST,Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
**FAX** \_\_\_\_\_  
 Acct # \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City,ST,Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
**FAX** \_\_\_\_\_  
 Acct # \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City,ST,Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
**FAX** \_\_\_\_\_  
 Acct # \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City,ST,Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
**FAX** \_\_\_\_\_  
 Acct # \_\_\_\_\_

### Bank References

Name and Address	Phone	Fax	Contact	Acct #

The undersigned hereby notifies that the information contained in this application is true and correct. In addition to the foregoing, the undersigned expressly agrees that in the event of any action or proceedings shall be brought for the recovery of amounts due for products or merchandise obtained from CFS, or its assigns, to pay all costs of collection including but not limited to attorney's or collection agent's fees. The undersigned further agrees to pay a \$25.00 charge for each returned check. The undersigned gives this information for the purpose of obtaining credit and authorizes CFS to obtain additional information concerning this credit standing and to furnish same to others.

Date   /  /    
Signature or Owner or Officer \_\_\_\_\_

Title \_\_\_\_\_