

Credit Application



Company Information

Business Name			
Physical Address			
City	State	Zip	Phone
Contact Person			Title
Type of Business (products or Services Sold):			
Legal Form Under Which Business Operates Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/>			In Business Since:

Bank References

Bank Name:	Address:
Bank Name:	Address:

Trade References

Company Name:	Years Doing Business
City State ZIP	Phone
Contact Person	Title
Company Name:	Years Doing Business
City State ZIP	Phone
Contact Person	Title
Company Name:	Years Doing Business
City State ZIP	Phone
Contact Person	Title

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended.

Signature _____ Date _____
Title _____

Please fill out and return by any of these means:

Fax to **(909) 517 1544**

US mail to **4857 Schaefer Ave, Chino CA 91710**

Scan and attach to e-mail to **info@californiawoodsolutions.com**