



# CREDIT APPLICATION

PM \_\_\_\_\_

AMOUNT OF CREDIT REQUESTED \_\_\_\_\_

2304 W. 16<sup>th</sup> Street Long Beach CA

562.901.2350

Fax 562.901.2346

Company Name:	Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
Street Address:	Owner:
City St: ZIP:	Owner Social Security Number:
Number of Employees:	Owner Drivers License:
Phone:	Description of Business:
FAX:	Years in Business: Years at Present Location:
Email:	Federal ID Number::
Accounts Payable Officer:	State ID Number:

## CREDIT REFERENCES

COMPANY NAME	ADDRESS	PHONE NUMBER	FAX NUMBER

## BANKING REFERENCES

BANK NAME	ADDRESS	PHONE NUMBER	FAX NUMBER
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT #:		
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT #:		
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	ACCOUNT #:		

<b>Do you pledge or borrow on your accounts payable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, list creditor(s):</b>  
--	--

**Signature below authorizes Amberwick Corporation to contact the above listed creditors.**

Signature:	Title:	Date:
------------	--------	-------