



## Confidential Credit Application

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Our Business is a: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

Federal I.D. # \_\_\_\_\_

Principal Owners or Shareholders:

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Number: \_\_\_\_\_

We expect our monthly credit to be approx: \_\_\_\_\_

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

Please provide 2 local credit references:

Name: \_\_\_\_\_ Name \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

We believe that our firm is financially able to meet any commitments we have made and we expect to pay our invoices per your terms and conditions (Net 30).

We understand that a late fee of 1.5% will be added on all past due invoices.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1424 S. Raymond Avenue, Fullerton CA 92831

Tel: (714) 683-2300 / Fax: (714) 683-0716

Toll Free (800) 527-3986 / Website: [www.wrds.com](http://www.wrds.com)