



1145 Arroyo Avenue, # A • San Fernando, California 91340
 Phone: (818) 407-2400 (800) 722-0500 • califone.com
 Sales Fax: (877) 402-2248 Credit Department Fax: (818) 837-5057
 Credit inquiries only email: credit@califone.com

Credit Application

THE UNDERSIGNED, FOR THE PURPOSE OF PROCURING AND ESTABLISHING CREDIT WITH YOU, FURNISHES THE FOLLOWING REFERRED TO AND ACCOMPANYING ATTACHED INFORMATION, KNOWINGLY YOU WILL RELY ON THE SAME, AS BEING FULL, TRUE AND CORRECT INCLUDING THE STATEMENTS HEREWITH SUBMITTED OF THE FINANCIAL CONDITION AND RESULTS OF OPERATIONS AS OF THE DATE INDICATED OR THE PERIOD INDICATED. THE UNDERSIGNED AGREES TO NOTIFY YOU IMMEDIATELY OF THE EXTENT AND CHARACTER OF ANY MATERIAL CHANGE. YOU ARE AUTHORIZED TO OBTAIN OR CONFIRM ANY RELEVANT INFORMATION FROM ANY SOURCE(S) WITHOUT NOTIFYING THE UNDERSIGNED.

APPLICANT:

LIST ANY FICTITIOUS NAME(S) UNDER WHICH YOU MAY BE DOING BUSINESS

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MAILING ADDRESS

SHIPPING ADDRESS

PHONE NO.	FAX NO:
PHONE NO.	FAX NO

TYPE OF ORGANIZATION

PROPRIETORSHIP PARTNERSHIP CORPORATION DATE OF INC. / / STATE OF INC.

COMPANY IS A: BRANCH DIVISION SUBSIDIARY of: _____

NUMBER OF LOCATIONS: _____

NAME(S) OF PROPRIETOR, PARTNERS OR OFFICERS

NAME:	TITLE	HOME PHONE NO.	
ADDRESS:	CITY	STATE	ZIP
NAME:	TITLE	HOME PHONE NO.	
ADDRESS:	CITY	STATE	ZIP
NAME:	TITLE	HOME PHONE NO.	
ADDRESS:	CITY	STATE	ZIP
NAME:	TITLE	HOME PHONE NO.	
ADDRESS:	CITY	STATE	ZIP

YEAR BUSINESS STARTED: _____ AT PRESENT LOCATION SINCE: _____

ARE P.O. NUMBERS NECESSARY FOR SHIPMENT OR INVOICES? YES NO

ANTICIPATED MONTHLY REQUIREMENT (\$): _____

NAME AND ADDRESS OF PROPERTY INSURANCE CARRIER: _____

AMOUNT OF COVERAGE: _____ POLICY NO: _____

CALIFORNIA RESALE CERTIFICATE NO.: _____

CRC NO. REQUIRED FOR SHIPMENTS TO DESTINATIONS WITHIN CALIFORNIA. IF NO CRC, SHIPMENTS TO CALIFORNIA DESTINATIONS WILL BE CHARGED APPLICABLE SALES TAX.



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NAME(S) OF KEY PERSONNEL

PRESIDENT NAME:	EMAIL:
VP SALES NAME:	EMAIL:
VP MARKETING NAME:	EMAIL:
PURCHASING NAME:	EMAIL:
SALES MANAGER NAME:	EMAIL:

TRADE REFERENCES
(LIST ONLY THOSE NAMES FROM WHOM YOU BUY ON OPEN ACCOUNT.)

NAME	COMPLETE ADDRESS	ACCOUNT NO.	TELEPHONE NO.	FAX NO.
1				
2				
3				
4				
5				
6				

BANK REFERENCES

1. BANK NAME	TYPE OF ACCOUNT
ADDRESS	ACCOUNT NO.
CITY/STATE/ZIP	TELEPHONE NO.
PERSON TO CONTACT:	FAX NO.
2. BANK NAME	TYPE OF ACCOUNT
ADDRESS	ACCOUNT NO.
CITY/STATE/ZIP	TELEPHONE NO.
PERSON TO CONTACT:	FAX NO.



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PLEASE INCLUDE
YOUR LATEST
FINANCIAL
STATEMENT
WITH THIS
APPLICATION

COMPANY

I hereby authorize Califone to obtain credit references using the information provided on this application.

SIGNATURE

TITLE

DATE

*Thanks
for your
Application!!*