



# Credit Application Form

1830 Flower Ave., Duarte, CA 91010 Tel: (626) 962-7568 Fax: (626) 962-0321

## General Information

**Legal Company Name** \_\_\_\_\_ **DBA, if any** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City, State, Zip** \_\_\_\_\_

**Shipping Address (if different from above)** \_\_\_\_\_

**Phone#:** \_\_\_\_\_ **Fax#:** \_\_\_\_\_

**Type of Company:** Corporation \_\_\_\_\_ Limited Liability \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_

**Owner(s) or Officer(s):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Phone#:** \_\_\_\_\_

**Social Security#:** \_\_\_\_\_ **Federal Employer Identification#:** \_\_\_\_\_ **Driver Lic#:** \_\_\_\_\_

**Person to contact regarding Accounts Payable** \_\_\_\_\_ **Phone# / Extension** \_\_\_\_\_

**The Dealer Listed As:** Headquarters \_\_\_\_\_ Branch \_\_\_\_\_ Office Only \_\_\_\_\_

**If Branch, please give address of Headquarters:** \_\_\_\_\_

**Contractor License #(If any)** \_\_\_\_\_ **Resale/Tax Exempt #:** \_\_\_\_\_ **Numbers of sales reps** \_\_\_\_\_

## Bank Information

**Name of Bank:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Name of your Banking Officer:** \_\_\_\_\_

**Type Account Maintained:** Checking \_\_\_\_\_ Savings \_\_\_\_\_ Loans \_\_\_\_\_ Leasing \_\_\_\_\_

## Trade References (Optional)

1. **Name & Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

2. **Name & Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

3. **Name & Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

I hereby certify that the aforementioned is true and correct, and I authorize the assignee of record, Value Windows and Doors, 1830 Flower Ave., Duarte, CA 91010, to conduct a credit investigation, to include a search for liens and to obtain all necessary information as required, INCLUDING EXPERIAN REPORTS.

\_\_\_\_\_  
Company Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Principal Owner 1 or Guarantor 1 and Title (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Principal Owner 2 or Guarantor 2 and Title (Please Print)

\_\_\_\_\_  
Signature