



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