

P.O. Box 213005 Stockton, CA 95213-9005 Phone (800) 675-1187 Fax (888) 221-8779 Email: creditefax@dorfman-pacific.com

CREDIT APPLICATION FORM

Business Information

Company Name:			DBA:	
Billing Address:			City:	State:Zip Code:
Telephone:	1	Mobile:	Email:	
Date Established:	D & B:		Resale Card #:	
Ownership:	CorporationPartners	hipSole Proprietor		
A/P Contact Name: _				
A/P Telephone:			A/P Email:	
Shipping Address:			City:	State:Zip Code:
Telephone:			Email:	
Pauli Information				
Bank Information				
Name:			Contact Name:	
Address:			City/State:	State:Zip Code:
Telephone:			Account #	
Trade References				
Company Name:			Contact Name:	Account #
Address:			City:	State:Zip Code:
Telephone:			Email:	
Company Name:			Contact Name:	Account #
Address:			City:	State: Zip Code:
Telephone:			Email:	
Company Name:			Contact Name:	Account #
Address:			City:	State:Zip Code:
Telephone:			Email:	
Terms Requested	COD Credit Ca	ard Net 30 Cred	dit Limit Requested \$:	
It is deemed that all sales originate in Stockton, California. You are hereby authorized to obtain any information you consider necessary concerning this application. The undersigned promises to pay for all purchases in accordance with your terms of sale. If at any time the undersigned is unable to pay for said purchases when due, the undersigned agrees to pay and authorizes you to bill my account with interested computed at 1½% per month (18% per annum) on any past due amount. If it becomes necessary for your company to incur collection costs for any amount due under this agreement, the undersigned agrees to pay all collection costs including attorney fees. Upon acceptance by Dorfman-Pacific Co., Inc. this application constitutes a sales and purchase agreement. I declare the information contained in this application to be true and correct.				
Signature:			Title:	Date:
		Below for Do	rfman Pacific Use Only	
Sales Representative:			Account #	D & B Rating: