



Corporate Office:
 6682 Gateway Park Dr.
 San Diego, CA. 92154
 (619) 710-4949 * Fax (619) 710-4951

For Office Use Only
Acct # _____
Date _____

NEVADA
 4918 Donovan Way
 N. Las Vegas, NV. 89081

CALEXICO
 2430 Enterprise Blvd.
 Calexico, CA. 92231

SAN DIEGO
 6682 Gateway Park Dr.
 San Diego, CA. 92154

FONTANA
 15733 Boyle Ave.
 Fontana, CA. 92337

NEVADA
 546 Wedge Lane
 Fernley, NV. 89408

CREDIT APPLICATION

Date _____ Credit Line Requested _____

BUSINESS NAME _____

Name of Parent Company if Subsidiary _____

Proprietor or Partners' Names _____ e-mail address _____

Billing Address _____ City _____

State _____ Zip Code _____ Phone # _____ Fax # _____

RESIDENCE

Street Address _____ Phone # _____

City _____ State _____ Zip Code _____

TYPE OF BUSINESS _____ Year Established _____

At present location since (date) _____ Previous address, if less than 1 year _____

Is business incorporated? _____ Fed. I.D. # _____ S.S. # _____

Resale? _____ Resale # _____

REFERENCES: (Give only names of those you buy from on open account. Their ADDRESS, ZIP CODE, TELEPHONE and FAX is required.)

At least 3 references required. Incomplete applications will be returned.

Name _____ Acct. # _____ Ph. # _____ Fax # _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Acct. # _____ Ph. # _____ Fax # _____

Street Address _____ City _____ State _____ Zip _____

Name _____ Acct. # _____ Ph. # _____ Fax # _____

Street Address _____ City _____ State _____ Zip _____

Credit Card # _____ Exp. Date _____ Type _____

Billing Address _____ City _____ State _____ Zip _____

PURCHASE ORDER REQUIRED? Yes No

Real Estate Owned _____ Value \$ _____ Mortgage \$ _____

Yard Address _____

Where do you bank? _____ Account # _____ Phone # _____

All accounts are net 10. Finance charge of 1½% per month will be charged on past due accounts. In the event of collection all costs, including attachment, court costs and reasonable attorney's fees, will be added to the amount outstanding, and will be paid by the purchaser.

Signed: _____ Print Name: _____

(Legal Representative of the Company)

