

**MIKE VERNICA PRODUCTS LLC**

11554 E. RINCON DR. WHITTIER CA. 90606 TEL (562) 307-0361 FAXN (888) 307 - 8124

**CREDIT APPLICATION**

Sales Agent: \_\_\_\_\_ Date: \_\_\_\_\_

State Resale No. \_\_\_\_\_ Federal Tax ID No. \_\_\_\_\_

**COMPANY PROFILE**

Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Date Established \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: Corporation \_\_\_ Partnership \_\_\_ Sole Proprietor \_\_\_

Type of Products Sold \_\_\_\_\_

**CONTACT PERSON**

Owner \_\_\_\_\_

Address \_\_\_\_\_

Purchaser Contact No. \_\_\_\_\_

Accounts Payable Contact No \_\_\_\_\_

**BANK REFERENCE**

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Checking Account No \_\_\_\_\_

Name of Contact \_\_\_\_\_

**TRADE REFERENCES**

**Company** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

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

**Company** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

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

*NOTE: Application will not be processed if this form is not completely filled out. Be sure to attach copy of your recent **Resale Certificate** Form and sign the attached Terms and Conditions of Sale.*

**Signed** \_\_\_\_\_ **Title** \_\_\_\_\_