

MIKE VERNICA PRODUCTS LLC

8511 Wellsford Place Suite – A Santa Fe Springs CA 90670 TEL (562) 789-9825 FAX (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** _____

