



**REQUEST FOR CREDIT/NET 30 TERMS**

**COMPANY NAME**

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**TYPE OF BUSINESS:** Corporation \_\_\_ Subsidiary \_\_\_ Division \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_

**BILLING ADDRESS**


**PHONE/FAX**

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**SHIPPING ADDRESS**


**ACCOUNTS PAYABLE MANAGER/PHONE/FAX**

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**NUMBER OF YEARS IN BUSINESS UNDER THIS NAME / APPROXIMATE ANNUAL SALES VOLUME**

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**PLEASE ATTACH CURRENT FINANCIALS (INCLUDING PROFITS & LOSS AND BALANCE SHEET)**

**TRADE REFERENCES**

COMPANY NAME	PHONE AND FAX NUMBER
ADDRESS	
COMPANY NAME	PHONE AND FAX NUMBER
ADDRESS	
COMPANY NAME	PHONE AND FAX NUMBER
ADDRESS	

**BANK REFERENCES**

BANK NAME	PHONE AND FAX NUMBER
ADDRESS	CITY, STATE, ZIP

*(more on second page)*



The above information is established for obtaining credit. The person signing the application is acting as an authorized agent for the above company. Release of information is hereby authorized. Applicant's signature attests financial responsibility, ability and willingness to pay all invoices in accordance with Net 30 day terms of sale and agrees to pay all fees incurred in the collection of past due balances.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_

PLEASE RETURN FORM TO ALEX LESSER VIA FAX or EMAIL

FAX: (949) 380-9788 EMAIL: alex@pssclabs.com