

Confidential Credit Application

Aquabevé
1770 Brackett St.
La Verne CA 91750
PH: 909.629.-7301
FAX: 909.629.7380

Company Name: _____

Ship to: _____ City _____ State/Zip _____

Billing to: _____ City _____ State/Zip _____

Phone _____ Fax _____ E-Mail _____

CREDIT REFERENCES:

1. Company _____ Contact _____

Address _____

Phone _____ Fax _____

2. Company _____ Contact _____

Address _____

Phone _____ Fax _____

3. Company _____ Contact _____

Address _____

Phone _____ Fax _____

BANK REFERENCES

Name _____ Acct. # _____ Contact _____

Address _____ Phone _____ Fax _____

PRINCIPALS/OWNERS/CONTACTS

Name _____ Title _____ SS# _____

Name _____ Title _____ SS# _____

Accounts Payable Contact _____ Phone _____

COMPANY INFORMATION

Please Circle: Individual _____ Partnership or Corporation _____
SS# _____ Federal Tax I.D. # _____

In business since: _____ State _____ Incorporated Date _____ Type _____

Annual Sales Volume _____ Anticipated Monthly Credit Req'd _____

D&B Number _____ Rating _____ (if applicable)

California Resale Number (if applicable) _____