

CREDIT APPLICATION

PLEASE READ AND COMPLETE THE FOLLOWING CREDIT APPLICATION IN FULL						
APPLICATION MUST BE COMPLETED IN FULL						
Company Name:		DBA:		Years in Business:		
Address:	City:		State:	Zip Code:		
Phone:	Fax:		Email:			
Resale Certificate No. (please fax copy):			D & B Number:			
Shipping Address (If different than billing):	City:	City:		Zip Code:		
Multiple Shipping Address:	Y	Yes No (If yes, pleas		e attached addresses)		
Previous Business Address (If applicable):	City: State:		State:	Zip Code:		
Tax ID Number						
OWNERSHIP - CONTACT INFORMATION						
Corporation:	In	dividual:		Partnership:		
Name/Owner:	Pl	none:		Email:		
A/P Contact:	P	none:		Email:		
Purchaser:	Phone:			Email:		
FINANCE - BANK INFORMATION						
Bank Name:		Account Num	nber:			
Address:						
Phone:						
Fax:	E			Email:		
CREDIT REFERENCES - THIS APPLICATION WILL NOT	r be proc	ESSED WITHOUT PHON	E# OR FAX#.			
Company Name:		Account Num	nber:			
Contact:	Phone	:	Fax/Email:			
Company Name:		Account Num	nber:			
Contact:	Phone	· · · · · · · · · · · · · · · · · · ·	Fax/Email:			
Company Name:		Account Num	nber:			
Contact:	Phone	· · · · · · · · · · · · · · · · · · ·	Fax/Email:			
FOR INTERNAL USE ONLY						
Credit Terms:		Credit Limit:				
Approved by:		Date:	Date:			
Note:		I				

WE ACCEPT PAYMENT BY: CHECK, CASH, ACH, QUICKBOOKS, AND CREDIT CARD (VISA, MASTERCARD, & AMEX - ADDITIONAL 1.5% SERVICE FEE CHARGED FOR AMEX TRANSACTIONS)

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