



## Credit Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Please be sure all information requested is complete or your application may be delayed. SIGNATURE REQUIRED TO PROCESS APPLICATION.\*

Legal Business Name \_\_\_\_\_ Years in Business \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_ Corporation \_\_\_\_\_ FEIN \_\_\_\_\_

Type of Business \_\_\_\_\_ Partnership \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ Sole Owner \_\_\_\_\_

Last Year's Gross Sales \_\_\_\_\_ Current Year's Anticipated Sales \_\_\_\_\_

Owner(s) Name or Authorized Officials 1. \_\_\_\_\_ 2. \_\_\_\_\_

### TRADE REFERENCES

Company \_\_\_\_\_

Street \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

Account # \_\_\_\_\_

Contact name \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Email \_\_\_\_\_

### BANK REFERENCES

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

Street \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Bank Acct. Number \_\_\_\_\_ Phone \_\_\_\_\_

\*Signature \_\_\_\_\_

- NOTE:**
1. Our pick-up location is: 2520 Mira Mar Ave Long Beach, CA 90815
  2. We DO NOT back order for out-of-stock/short ships. A new order must be generated by the customer.
  3. If immediate shipment is required BEFORE credit has been established, pre-payment can be made with a credit card.

2520 Mira Mar Ave Long Beach, CA 90815  
Phone: 310-343-4099 Fax 310-615-9915 Email skratz@candywarehouse.com