

CORPORATE OFFICE :
1816 S. "K" Street
Tulare, CA 93274
(559) 686-8665
Fax: (559) 686-3095



Application for Credit Corporate

Business Name _____	Phone _____	Fax _____		
Street Address _____	City _____	State _____ Zip _____		
Mailing Address _____	City _____	State _____ Zip _____		
Kind of Business _____	Origin Date _____			
Type of Business:	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
Fictitious Business Name Filed _____	Date _____	Where _____		
Owner / Officer _____	Soc. Sec. No. _____	Title _____		
Owner / Officer _____	Soc. Sec. No. _____	Title _____		
Owner / Officer _____	Soc. Sec. No. _____	Title _____		
Building is:	<input type="checkbox"/> Owned	<input type="checkbox"/> Leased	<input type="checkbox"/> Rented	(If building is leased or rented, complete section below)
Name of Owner _____				
Address _____				
Bank Name _____	Branch _____			
Address _____	Acct. No. _____			
	<input type="checkbox"/> Loan	<input type="checkbox"/> Comm.	<input type="checkbox"/> Savings	
Business References				
Firm Name / Phone / Fax _____				
Firm Name / Phone / Fax _____				
Firm Name / Phone / Fax _____				
Resale Tax Permit No. _____	Est. Credit Requirement \$ _____			
<small>(Attach Tax Exempt. Certificate)</small>				

Signed: _____ Date _____

Title _____