

APPLICATION AND AGREEMENT FOR CREDIT

Please fill in all spaces completely. An incorrect application will result in a delay in processing your credit account.

INDICATE (SELECT BOX) WHICH DIVISION



Phone (888) 213-1348 Fax (323) 261-3711



Phone (800) 499-7145 Fax (323) 780-0078

3150 E PICO BLVD, LOS ANGELES, CA 90023-3683

Registered business name:								
Federal EIN:			Date business started:					
Billing address: Shipping address:								
City:	State:	Zip:	City:		State:	Zip:		
Phone number:	Fax number:		A/P contact person:					
Authorized purchasing agents:				Is	a purchase order requ	iired?	Υ	N
Type of business: corporation	partnership	sole proprietors	hip If	for resale, resale nu	umber:			
Legal owner(s) name and address:								
E-mail invoices/statement? Y N If yes, enter E-mail:								
SALE TERMS AND CONDITIONS								
Terms are net 30 days from invoice date. A late charge of 1.5% per month (18% per annum) will be applied to balances 30 days past due. If your account is placed with an attorney or collection agency, in addition to the balance and late charges due seller, you will also be responsible for collection costs, attorney fees and court costs.								
The above information is for the purpose of obtaining credit and is warranted to be true. I (we) agree to pay all amounts due upon receipt of statement of account, or as otherwise expressly agreed. If the business fails to make payment, I (we) guarantee to pay all balances due seller. Authorization is hereby granted to investigate and verify the above information.								
Having read all of the above, please sign where indicated. If business is a corporation or partnership, two officers must sign.								
Registered business name:								
Signed by:	Date:		Signed by:		Date:			
Print name and title:			Print name a	nd title:				
After all data has been entered above and signed, click the SUBMIT button below and send as an e-mail to: khollinhurst@pacificresourcerecovery.com								