CREDIT APPLICATION PROCESSING FORM

INDICATE (SELECT BOX) WHICH DIVISION

CLIENT AND ENVIRONMENTAL PROTECTION



SYSTEMS DIVISION phone: 888.213.1348 fax: 323.264.4278



phone: 800.499.7145 fax: 323-264-4278

315 0 East Pico Boulevard, Lo s Angeles, CA 90023-3683

Please fill in all spaces completely. An incomplete application will result in delayed processing of your credit account.

Registered business n	ame:						
Federal EIN:				Date business s	tarted:		
Billing address:			Shipping add	ress:			
City:	State:	Zip	City:		State:	Zip	
Phone number:	Fax number:		A/P contact pe	erson:			
Authorized purchasing agents:				Is a purchase order re	quired?	Υ	N
Type of business: corporat	ion partnership		sole proprietorship.	If for resale, resale number:			
Legal owner(s) name and address	/ISA						
E-mail invoices/statement? Y	N. If yes, enter E-m	ıail:					
statement of account, or as oth Authorization is hereby granted	ne purpose of obtaining of a purpose of obtaining of the purpose o	d. If the y the a	business fails to make bove information.	true. I (we) agree to pay all amo payment, I (we) guarantee to pa partnership, two officers must sign	ay all bala	-	-
Signed by:	Date:		Signed by:)ate:		
Print name and title:			Print name and	I title:			
After all data has been to: accounting@ellispaint.c		d sig	ined , click the SU	BMIT button below and	send a	s an e-i	mail