



1850 Ramada Drive  
P.O. Box 2399  
Paso Robles, CA  
93447

805-239-1377  
805-239-2466 FAX

# CREDIT APPLICATION

Individual or Company Name \_\_\_\_\_ Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If Company, Type of Ownership: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual

Principal Owners \_\_\_\_\_

ABC License # \_\_\_\_\_ Resale # \_\_\_\_\_

## BANKING REFERENCE

Bank \_\_\_\_\_ Bank \_\_\_\_\_

Branch \_\_\_\_\_ Branch \_\_\_\_\_

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

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

## BUSINESS REFERENCE

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Credit Terms: As specified on our invoice. Accounts automatically become C.O.D. at 45 days. The undersigned debtor promises to pay finance charges at 1 ½% imposed per month, for failure to comply to the terms of this agreement, together with all cost or expenses incurred in collection or any sums due, including court costs and reasonable attorneys fees.

Applicant understands that seller will make their usual credit investigation and authorizes applicant's bank to release information as desired by seller.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_