

PacificCoastBolt

CORPORATION

12748 East Florence Avenue • Santa Fe Springs, CA 90670
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www.pacificcoastbolt.com

CREDIT APPLICATION (PLEASE PRINT OR TYPE)

- ☐ NEW ACCOUNT
☐ UPDATING CREDIT INFORMATION
☐ INCREASING CREDIT LIMIT

COMPANY NAME _____
BILLING ADDRESS _____
CITY, STATE, ZIP CODE _____
SHIP TO (if different) _____
CITY, STATE, ZIP CODE _____
TELEPHONE # () _____
FAX # () _____

PRINCIPAL OFFICER(S) OR OWNER(S):

NAME	ADDRESS	TELEPHONE #
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

TYPE OF COMPANY:

☐ INDIVIDUAL PROPRIETORSHIP

☐ PARTNERSHIP

☐ CORPORATION YEAR: _____

STATE: _____

☐ LLC YEAR: _____

STATE: _____

☐ UNINCORPORATED DIVISION OF COMPANY*

☐ INCORPORATED SUBSIDIARY OF COMPANY*

*IF DIVISION OR SUBSIDIARY, GIVE PARENT COMPANY INFORMATION:

COMPANY NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE # () _____

YEAR OF INCORPORATION _____ STATE OF INCORPORATION _____

WILL THEY GUARANTEE PURCHASE CONTRACTS? ☐ YES ☐ NO

TYPE OF BUSINESS:

☐ OEM ☐ DISTRIBUTOR ☐ CONTRACTOR (TYPE) _____ ☐ OTHER _____

☐ SMALL BUSINESS ☐ MINORITY-OWNED BUSINESS ☐ WOMAN-OWNED BUSINESS

TAX EXEMPT ☐ YES ☐ NO IF YES, TAX EXEMPT NO. _____ (MUST ATTACH RESALE CERT.)

DATE BUSINESS STARTED _____ APPROXIMATE ANNUAL SALES \$ _____

YEARS IN PRESENT LOCATION _____ NUMBER OF EMPLOYEES _____

AMOUNT OF CREDIT REQUESTED \$ _____

CONTACTS:

	NAME	TELEPHONE #
ACCOUNTS PAYABLE	_____	() _____
PURCHASING	_____	() _____
ON-SITE MANAGER	_____	() _____

BANK REFERENCES:

BANK NAME _____	BRANCH _____
ADDRESS _____	CITY, STATE, ZIP CODE _____
CONTACT _____	TELEPHONE () _____
ACCOUNT NO. _____	TYPE _____
ACCOUNT NO. _____	TYPE _____
CREDIT LINE NO. _____	

(OVER)

CREDIT APPLICATION (continued)

(PAGE 2)

TRADE REFERENCES:

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
TELEPHONE # () _____
FAX # () _____
CONTACT _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
TELEPHONE # () _____
FAX # () _____
CONTACT _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
TELEPHONE # () _____
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FAX # () _____
CONTACT _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
TELEPHONE # () _____
FAX # () _____
CONTACT _____

CREDIT TERMS:

All Credit Applications are accepted on the basis of applicant complying with our credit terms.
They are as follows:

1% 10 DAYS, NET 30 DAYS

Misuse of our credit privileges will result in the loss of those privileges. Customer is liable for any reasonable collection and attorney's fees incurred, should it be necessary to place the account for collections.

I, the undersigned, acknowledge and accept the above terms of sale for PACIFIC COAST BOLT CORP. I further certify that the information provided herein is true and correct. I authorize PACIFIC COAST BOLT CORP. to contact any or all of the above listed banks and trade references for credit verification purposes.

Signature

Date

Title

Print or Type Name

(MUST BE SIGNED BY THE OWNER OR AN OFFICER OF THE COMPANY. FAXED OR PHOTOCOPIED
SIGNATURE MAY BE CONSIDERED ORIGINAL)