

a division of GLC General, Inc.

100 W. WALNUT AVE., FULLERTON, CA 92832 TEL (714) 870-5110 · FAX (714) 870-6585

Credit Application

Business Name		Line of Credit Requested \$			
Phone ()		Fax ()		
Address				_ For Past	years
Shipping Address					
D/B/A	F	ederal Tax ID#			
Former Business Addres	s (if applicable)				
Type of Business	Date Established_		How long i	in Business	
Mortgage holder/Landlor	rd				
Address		Pr	none #		
-	City require a License? Yes Sole Proprietorship				
PRINCIPAL:] Tartifolomp	<u> </u>	oralion.	
	(NAME)	(Title)	(SS#)		_
PRINCIPAL:	, ,				
	(NAME)	(Title)	(SS#)		_
PRINCIPAL:					
	(NAME)	(Title)	(SS#)		
PRINCIPAL:					
	(NA ME)	(Titie)	(SS#)		
	TRADE RE	FERENCES			
NAME		Α	DDRESS/PHONE	#	
	BANK RE	FERENCES:			
(Name)	(Address)		(Acct #	#) (con	tact)
(Name)	(Address)		(Acct #		tact)
(Name)	(Address)		(Acct #		·
No. of Employees	Est. Annual sales		Sales Area	,	•



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Has the firm or any of it's principals ever been	Bankrupt? Ye	es No
If Yes, explain	<u></u>	
Any misrepresentation in this application will the extending of credit. As an inducement to true and correct. You are authorized to investi	grant credit, the undersigned warrants	s that the information submitted is
In consideration for the extension of credit, so 1% 10 days, net 30 days and agrees to percentage rate) on all past due balances. I monies owed by said business the undersign whether or not litigation has commenced, and has the authority to execute this credit agreement.	ay a service charge per month of n the event any third parties are em ned agrees to pay reasonable collect if all costs of litigation incurred. The u	1-1/2% per month (18% annual aployed to collect any outstanding ion costs, including attorney fees, andersigned represents that he/she
(Name of Business)	_	
(Print Name)	(Title)	(Signature)
(Print Name)	(Title)	(Signature)
such credit and the undersigned waives dema which may be extended by	the credit agreement between ot be obligated to notify the undersignand, notice of default and any extension notice in writing, sent by registered Said notice shall specify the den days after such notice is received	and the ned of the dates or amounts of any on of time or any other forbearance and or certified mail, return receipt late on which this quaranty is to be
Date	Name:	
Home address	(Name of person guaranteei	ng payment, NO TITLE)
Home Phone #	SS#	
Signature of person guaranteeing payment		
Name of Business whose account is guarante	eed	
CREDIT	DEPARTMENT USE ONLY	
Line of Credit: Approved / Denied	Amount \$	Date:
Commente		