

Salinas, CA 93901 Ph: 831-757-1702 Fax: 831-757-1909

1031 Industrial St. Unit C

## Net 30 Day

## **Credit Request**

Date:		
Company Name:	 	 
Address:	 	 
Contact Person:	 	 
Phone Number:	 	 
Fax Number:		
Tax ID #:		 
Bank Name:	 	 
Bank Address:	 	 
Account #:	 	 
Contact Nama & Number		

Credit References: Please provide three references, preferably industry-related. Credit Reference #1 Company Name: Address: \_\_\_\_\_ Contact Person: Phone Number: \_\_\_\_\_ Fax Number: Credit Reference #2 Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: Credit Reference #3 Company Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact Person: Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_