

P.O. BOX 797, TOLLESON, AZ 85353

## **COMMERCIAL CREDIT APPLICATION**

Date:	1 elephone:	Facsimile:	
Business Name:			D and B #
Business Address			
street	cit	y, state	zip
Type of Business: Individu	ıal Partnership	Corporation	Years in business
Federal tax #	State Incorpora	ited	Year Incorporated
Mailing			
List of Names of All Princ	ciples/Officers:		
Name	Title:		S/S No.
Name	Title:		S/S No
Name	Title:		S/S No
TRADE REFERENCES:	(complete name and mailin		phone)
Name	Address		Phone/fax
2Name	Address		Phone/fax
3	Address		
Name BANK REFERENCES:	Address		Phone/fax
Person to contact:		ACC	Τ#
Bank Name	Address		Phone
	GUAR	ANTY	
investigating applicant's crextended, applicant acknow applicant agrees to pay a seand jurisdiction of Arizona designated applicant and as	redit history and authorizes the pledges that PHH terms are Nervice charge on invoices untile. In consideration of busines an inducement the undersignment of any and all indebted	ne release of its bank ET 30 DAYS. In the ill paid in full, at the it ss credit for goods a ned jointly, severally	and specifically consents to PHH account information. If credit is event bills are not paid when due, maximum rate allowed by the laws and services obtained by the above y, irrevocably, and unconditionally conable attorney's fees, as may be
SIGNATURE AND TITLE	PR	INTED NAME	DATE