

# Western Pad company Trade Printers

391 Thor Place • Brea, CA 92821-4133 • (714)671-1900 • (800)522-7262 • Fax (714)671-9991

## CREDIT APPLICATION

ASI Member # \_\_\_\_\_ (if applicable) Credit Amt. Requested: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

At Present Address Since: \_\_\_\_\_ Year Established: \_\_\_\_\_

Ownership: Sole Ownership \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Owner: \_\_\_\_\_

Name Home Address Phone

Partners: 1) \_\_\_\_\_

Name Home Address Phone

2) \_\_\_\_\_

Name Home Address Phone

Corporation: President \_\_\_\_\_ Treasurer \_\_\_\_\_

Vice President \_\_\_\_\_ Secretary \_\_\_\_\_

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Trade References

1) Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

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

2) Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

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

3) Name: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St.: \_\_\_\_\_ Zip: \_\_\_\_\_

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

*Applicants signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. Past due invoices are subject to a late penalty of 1 ½% per month. Applicant agrees to pay reasonable collection fees (including attorney fees) plus late penalties in case of default. The applicant hereby authorizes and instructs any person, company bank or credit reporting agency to compile and furnish any information concerning the applicant and / or the company. The signator, representing the above business confirms that he/she holds the authority to open this account and to sign on the above referenced bank account.*

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_