



CREDIT APPLICATION
 (800) 992-2388 * (714) 891-1710 * FAX: (714) 897-5260

TODAY'S DATE: _____
 SALESPERSON: _____
 CREDIT LIMIT: \$ _____

BILL TO: (ACCOUNT# _____)	SHIP TO ADDRESS:
COMPANY NAME: _____	_____
_____	_____
PHONE#: () _____	PHONE# () _____
FAX#: () _____	FAX#: () _____

- CORPORATION (OFFICER'S NAMES) _____
- PARTNERSHIP (PARTNER'S NAMES) _____
- SOLE PROPRIETORSHIP S.S# _____ HOME PHONE# () _____

STATE SALES TAX# _____ IN BUSINESS SINCE: _____

TYPE OF BUSINESS: _____ AUTHORIZED BUYER: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE # () _____

CREDIT REFERENCES	
COMPANY NAME: _____	COMPANY NAME: _____
ACCOUNT #: _____	ACCOUNT #: _____
PHONE #: () _____	PHONE #: () _____
FAX#: () _____	FAX#: () _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
CONTACT PERSON: _____	CONTACT PERSON: _____
COMPANY NAME: _____	BANK NAME: _____
ACCOUNT #: _____	ACCOUNT #: _____
PHONE #: () _____	PHONE #: () _____
FAX#: () _____	FAX#: () _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
CONTACT PERSON: _____	CONTACT PERSON: _____

The undersigned authorizes inquiry as to credit information. We further acknowledge that credit privileges, if granted, may be withdrawn at any time. In case of default I/we agree to pay all costs and expenses of collection including the maximum attorney's fee permitted by law. Misrepresentation or omission of facts is cause for refusal or cancellation of any credit extended by Prizes!

SIGNATURES OF ALL OFFICERS / PRINCIPALS:

_____ DATE: _____ DATE: _____