



495 Morro Bay Blvd., Morro Bay, CA 93442 (805) 772-3540 • FAX 772-2010 vicki@asapreprographics.com

3121 South Higuera, San Luis Obispo, CA 93401 (805) 543-3144 • FAX 543-3230

PLEASE REMIT PAYMENTS TO: P. O. Box 1678, Morro Bay, CA 93443-1678

CREDIT APPLICATION

DATE _____

APPLICANT / BUSINESS NAME _____ TAX ID# _____

ADDRESS _____ BUSINESS PHONE _____

CITY _____ FAX NUMBER _____

STATE _____ ZIP _____ E-MAIL ADDRESS _____

LENGTH OF TIME IN BUSINESS AT PRESENT LOCATION _____ YEARS _____ MONTHS

OWNER'S NAME _____ HOME PHONE _____

ADDRESS _____ E-MAIL ADDRESS _____

CITY _____ SOCIAL SECURITY # _____

STATE _____ ZIP _____

BANK NAME _____ ACCOUNT # _____

ADDRESS _____ CONTACT PERSON _____

CITY _____ PHONE _____

STATE _____ ZIP _____

ESTIMATED MONTHLY LINE OF CREDIT REQUIRED: \$ _____

TRADE REFERENCES: (GIVE MINIMUM OF THREE - NO CREDIT CARDS PLEASE)

COMPANY

ADDRESS

PHONE NUMBER

<u>COMPANY</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>

TERMS: INVOICES AND STATEMENTS ARE DUE UPON RECEIPT. ACCOUNTS ARE PAST DUE THIRTY DAYS AFTER INVOICE DATE. PAST DUE ACCOUNTS ARE SUBJECT TO A 1.5% PER MONTH LATE CHARGE.

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED: _____ DATE _____

I HEREBY AUTHORIZE OUR REFERENCES AND BANK TO RELEASE ANY INFORMATION TO ASSIST IN ESTABLISHING A LINE OF CREDIT.

SIGNED: _____ DATE _____