



COMBO ALUMINUM PRODUCTS

APPLICATION FOR CREDIT

Firm Name, Billing Address, City, State, Zip, Delivery Address, Type of Business, Date Established, How Long At Present Location, Corporation, Partnership, Proprietorship, If Corporation Date Incorporate, And State, Bank, Branch, Acct#

OFFICERS--PARTNERS--OWNERS

Name, Title, Residence Address, Tel, City, State, Zip (repeated for two entries)

TRADE REFERENCES

Name, Tel, City, State/Zip, Fax (repeated for three entries)

Purchase Orders Required? Yes / No

Account To Be Resale? Yes / No

Terms Are: NET 10TH PROX

THE UNDERSIGNED AGREES TO PAY ALL PENALTIES/SERVICE CHARGES, REASONABLE ATTORNEY/COURT FEES INCURRED IN THE COLLECTION OF THEIR PAST DUE ACCOUNT, OF THE MAXIMUM ALLOWED BY LAW.

PRINT/TYPE AUTHORIZED NAME

AUTHORIZED SIGNATURE

TITLE 1100 N. JOHNSON AVENUE, EL CAJON, CA 92020

TEL: 619-447-9200 FAX: 619-442-4558