Computer Circulation Center

Tel: (760) 724-2404 **Fax: (760) 724-8808**

Credit Application

Legal Business Name: _____

DBA: _____
If affliliate / Subsidiary, please indicate parent company:
_____

Street Address: _____

City: _____ **State**: _____ Zip: _____

Co. Phone: ( )_____ Co. Fax: ( ) _____

No. of yrs. in business: ____ No. of employees: ____ Business operated from: { } Home { } Commercial

Please check the following that applies to your business:

{ } Corporation Date of Incorporation: _____/_____/_____ State:_____

{ } Sole Proprietor Date of Establishment: _____/_____/_____ State:_____

{ } Partnership Date of Establishment: _____/_____/_____ State:_____

Federal Tax ID #:_____ State Tax #:_____

Dunn & Bradstreet # (If Applicable)_____ # of Years_____

Taxable or Non-Taxable Resale #:_____ (Please include with fax submission)

P.O. # Required for Purchasing: { } Yes { } No

Authorized Buyers:

1) _____ 2) _____
Name & Title Name & Title

Principal Officers:

President:_____ Vice President:_____
Please Print Please Print

CEO: _____ Purchasing Mgr: _____

1st Principal Owner:_____

2nd Principal Owner:_____