



CREDIT APPLICATION

1762 McGaw, Irvine, CA 92614-5507 Tel: (949)724-9090 Fax: (949)724-9091

Company Name (Complete): _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____ Fax: () _____

Length of time in Business: _____

Is your Business (*check one*): Proprietorship _____ Partnership: _____ Corporation: _____

Year Incorporated: _____ State Incorporated: _____ Credit Line Request: \$ _____

Purchase Order # Required? Yes [] No []

Owner or Officer Information

1. Name: _____ Title: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____

Social Security No: _____ - _____ - _____

2. Name: _____ Title: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone: () _____

Social Security No: _____ - _____ - _____

Bank Information

Bank Name: _____ Branch No.: _____ Account #: _____

Bank's Officer: _____ Title: _____

Phone: () _____ Fax: () _____

Trade References

1. Company Name: _____	Contact Name: _____
Address: _____	Phone: () _____
City: _____	State: _____ Zip Code: _____
Account #: _____	Credit: \$ _____
Account Payable Agent: _____	Phone: () _____ Ext: _____
2. Company Name: _____	Contact Name: _____
Address: _____	Phone: () _____
City: _____	State: _____ Zip Code: _____
Account #: _____	Credit: \$ _____
Account Payable Agent: _____	Phone: () _____ Ext: _____
3. Company Name: _____	Contact Name: _____
Address: _____	Phone: () _____
City: _____	State: _____ Zip Code: _____
Account #: _____	Credit: \$ _____
Account Payable Agent: _____	Phone: () _____ Ext: _____

All the information will be held in the strictest confidence. Purchaser recognizes top the term and conditions. it is further agreed by Purchaser, that if open account credit is extended, IDS Corp. is authorized to create security interest in its inventory and proceed thereof. Purchaser also understands and agrees that it will be responsible for payment of finance charge, attorney fees and court costs, if warranted. The above information is given to IDS Corp. for obtaining credit is warranted to be true, I/We hereby authorize IDS corp. to investigate the listed pertaining to my/our credit and financial responsibility.

Firm Name: _____

By (Authorized Signature): _____

Name (Printed): _____

Title: _____

Office Use Only:

Credit Line Assigned: _____	Date Approved: _____
By: _____	Initial Order: _____
Terms: _____ NET 15 Days []	25 Days [] 30 Days []