



Vendor Profile

Direct: 805-217-9896

Fax: 866-772-1326

Business Tax ID#: _____ Legal entity time in business: _____

Legal Name of Vendor: _____

Resale Certificate #: _____ DUNS #: _____ Fed Tax ID #: _____

Address (Physical): _____

Mailing Address: _____

Telephone #: () _____

Fax #: () _____

Main Service or Product: _____

COMMERCIAL CREDIT

Primary Bank: _____ Contact: _____

Account #: _____ Telephone #: _____

Trade: _____ Contact: _____

Account #: _____ Telephone #: _____

Trade: _____ Contact: _____

Account #: _____ Telephone #: _____

PRINCIPLE(S) CREDIT – *Social Security can be optional unless required as secondary request.*

Name: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Social Security #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

I the undersigned authorize you and your affiliates to check my credit. Everything stated in this application is correct.

By: (Authorized Signature) _____

Title: _____ Date: _____

Print Name: _____