



Business Credit Application

"World Class Customer Service"

PLEASE FAX COMPLETED APP TO 480-488-5795

795 Gable Way, El Cajon CA 92020 Phone: (800) 321-5285 or (619) 441-3330 Fax (619) 441-3650
 10672 B Calabash Avenue, Fontana, CA 92335 Phone (909) 854-6723 Fax (909) 854-6253
 Remit to address: 795 Gable Way, El Cajon, CA 92020 accounting@tsraz.com

Owner Information

Last:		First:		Middle Initial:	
Name of Business:				Tax I.D. Number	
Address:				Phone:	
City:	State:	Zip:	Fax:		

Company Information

Type of Business:	In Business Since:	ROC #
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>		
If Division/Subsidiary, Name of Parent Company:		
Name of Company Principal Responsible for Business Transactions:		Title:
Name of Company Principal Responsible for Business Transactions:		Title:

Bank References

Bank Name:	
Checking Account #:	
Address, City, State, Zip:	
Bank Contact Name:	
Phone:	Fax:

Trade References

Company Name:	Company Name:
Contact Name:	Contact Name:
Address, City, State, Zip:	Address, City, State, Zip:
Phone:	Phone:
Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:

DAMAGE WAIVER: ACCEPT DECLINE - PLEASE PROVIDE CERTIFICATE OF INSURANCE PO REQUIRED? Yes No

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Signature

Date

Print Name

TSR Account Manger