



19859 Nordhoff Street, Northridge, CA 91324 Tel: (818) 407-8822 Fax: (818) 407-8833

Credit Application / Business Information

Date: _____ Sales Rep: _____

Application is made for: () Open Account or () COD Company Check Acceptance

Company Information

Legal Name of Firm: _____

D.B.A.: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Date Company Established: _____ State Company Registered: _____

() Sole Owner () Partnership () Corporation

Bank Reference

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Account Number: _____ Contact Person: _____

Credit Limit Desired: _____ D & B Number: _____

Principal Stockholders, Owners, Partners

*Name: _____ Birth Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Driver's License No & State: _____

Social Security No: _____ Initial: _____

*Name: _____ Birth Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Driver's License No & State: _____

Social Security No: _____ Initial: _____

Trade Reference

*Name: _____ Contact Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Account Number: _____

Phone Number: _____ Fax Number: _____

*Name: _____ Contact Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Account Number: _____

Phone Number: _____ Fax Number: _____

*Name: _____ Contact Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Account Number: _____

Phone Number: _____ Fax Number: _____

We authorize Red Peacock International to conduct a credit inquiry and if this application is approved and agree to pay our account in accordance with Red Peacock International's credit terms. We also agree to pay all collection agency fees, court costs, and full attorney fees _____ (please initial) incase of collection or suit for collection as well as a maximum legal interest. Understood _____

X _____ By: _____ Date: _____
Authorized Signature Please Print