



# Credit Application

Please print or type complete information - Application will **not** be processed without complete information and **signature**. Once complete, please **FAX** to BAVCO at (310) 639-0721 or **mail** to BAVCO at the address below.

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Year Established: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_

Corporation                      Partnership                      Sole-Proprietor                      Other

Please list officers, owners, proprietors (Name and Title):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you:      Taxable      Resale (please list resale number): \_\_\_\_\_  
Purchase order required?      Yes      No

Commercial Trade References: (Phone numbers are required)

Name	Address	City, State, Zip	Phone number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Bank references:

(Please provide complete information. Application will not be processed without this information.)

Bank name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Branch address: \_\_\_\_\_ Phone number: (\_\_\_\_\_) \_\_\_\_\_

The forgoing information is true and correct to the best of my knowledge. By signing this application I am giving permission to the listed references to provide pertinent information regarding my account to the requisition company (BAVCO).

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_