



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: _____