

ZODAX

CREDIT APPLICATION

Company Name:	Type of Business:	No. of Years in Business:	
Street Address:	Phone:	No. of Years at Address:	
City:	State:	Zip:	E-mail:
Name of Owner (or authorized officer if a Corp.):	Social Security No.:	Federal ID #:	
Mailing Address (if different from above):	City:	State:	
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Resale Tax ID#:	D&B No.:	

TRADE REFERENCES

Name	Account Number	Phone Number	Fax Number

BANK INFORMATION

Bank References	Contact Name	Account No.	Phone No.

Applicant(s) agree to pay all monies due according to Grantor's term of sale. Should Applicant default on terms and it is necessary to pursue legal action, the Applicant(s) are to pay all court costs and attorney's fees.

The information given is warranted to be true and Applicant authorizes Grantor to investigate said information.

By: _____ Date: _____ Firm's Name: _____

Title: _____

PLEASE PRINT AND FAX COMPLETED FORM TO FAX# 818-785-1747