



Corporate Office  
 PO Box 1628  
 El Dorado CA. 95623

(408) 281-8600

# FIELD CREDIT APPLICATION

Please PRINT all entries Clearly

### BUSINESS INFORMATION

Name of Business: \_\_\_\_\_  
 Owners Full Name (Print) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_

### DESCRIPTION OF BUSINESS

No. of Employees \_\_\_\_\_ Credit Requested \_\_\_\_\_ Type of Business \_\_\_\_\_  
 In Business Since (Date): \_\_\_\_\_  
 Business Structure  
 Corporation  Partnership  Proprietorship  
 Division/Subsidiary  
 Parent Company: \_\_\_\_\_  
 In Business For: \_\_\_\_\_

### COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
City: _____	City: _____
State: Zip: _____ Phone: _____	State: Zip: _____ Phone: _____

### BANK REFERENCES

Name of Bank: _____	Name to Contact: _____
Branch: _____	Address: _____
Checking Account No.: _____	Telephone Number: _____

### TRADE REFERENCES

Firm Name	Contact Name	Telephone Number	Account Open Since

### CONFIRMATION OF INFORMATION ACCURACY AND RELEASE OF AUTHORITY TO VERIFY

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by CRC in determining the amount and conditions of credit to be extended. I understand that CRC may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist California Refrigeration Co. in establishing a line of credit.

**PRINT FULL FIRST NAME AND LAST NAME**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**POLICY STATEMENT:** Initial order from new accounts will not be processed unless accompanied by the above requested information.  
 Terms: Net 30 days from date of invoice unless otherwise stated.