



**DH Casters** 2260 S. Haven Ave, Ste C, Ontario, CA 91761  
 Tel: 909.930.6400 Fax: 909.930.6448 Web: dhcasters.com

**FORM - CREAPP04**

# Business Credit Application

Ref No. \_\_\_\_\_

## General Information

Last:	First:	Middle:	Title:
Name of Business:			Tax I.D.:
Address:			Phone:
City:	State:	ZIP:	Fax:

## Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates: Corporation <input type="radio"/> Partnership <input type="radio"/> Proprietorship <input type="radio"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	
Address:	City: State: ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	
Address:	City: State: ZIP: Phone:
Has the company or any of this principals filed for bankruptcy in the last ten years? ( Y / N )	
Has a civil judgment been obtained against the company or any of its principals in the last ten years? ( Y / N )	

## Bank References

Institution Name:	Checking Account #:
Address:	Phone:
Institution Name:	Saving Account #:
Address:	Phone:

## Trade References

Company Name:	Contact Name:
Address:	Phone:
Account Opened Since:	Credit Limit: Fax:
Company Name:	Contact Name:
Address:	Phone:
Account Opened Since:	Credit Limit: Fax:
Company Name:	Contact Name:
Address:	Phone:
Account Opened Since:	Credit Limit: Fax:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I also agree to a 2% charge on all invoices over 30 days, and will pay all fees if action is taken for late payment. If legal action is necessary to collect sums due on this account, I agree to pay reasonable attorney fees and costs incurred in connection with such action; I further agree that the venue for such action be in San Bernardino, California, and that the laws of the State of California shall govern the rights, obligations and liabilities of the parties. I further agree that I shall be personally liable for payment of the sums due on account, even if the account is in the name of my/our company.

**Sign, Title, & Date**