



CREDIT APPLICATION

DATE: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person Regarding Credit: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Owner(s) \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_ Title: \_\_\_\_\_

Numbers of Years Established: \_\_\_\_\_ Incorporated: \_\_\_\_\_

Dunn & Bradstreet #: \_\_\_\_\_

**Bank Information**

Bank: \_\_\_\_\_ Account Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**Trade References**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May we use the below signature as authorization for release of information: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Interest will be charged on past due accounts at the rate of 1.5% per month. Buyer agrees to pay attorney and court costs if legal action is required.*

**BELL PEPPERS    ONIONS    WATERMELONS    CABBAGE    CARROTS    POTATOES**

CORPORATE & ACCOUNTING

9852 Buena Vista Blvd.  
Bakersfield, CA 93307

Phone: (661) 845-0067 \* Fax (661) 845-1113

[www.thomsoninternational.net](http://www.thomsoninternational.net)

SHIPPING, PACKING & PROCESSING

11220 Vineland Road  
Bakersfield, CA 93307

Phone (661) 845-1111 \* Fax (661) 845 1166