

COASTAL BRONZE

Application for Credit

Name of Business _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ EXT _____ Fax _____

Contact _____ Title _____ E-Mail _____

Type of Business _____ FED I.D.# _____ Tax Resale _____

Form of Business: Corporation _____ Date Incorporated _____
Partnership _____ Sole Proprietor _____ Date Established _____

Principal Owners, Partners or Officers-Home Address:

1. Name _____ Title _____ S.S.# _____

Address _____ E-mail _____

2. Name _____ Title _____ S.S.# _____

Address _____ E-mail _____

TRADE REFERENCES

COMPANY _____ Contact Person _____

Address _____

Tel _____ EXT _____ Fax _____ E-mail _____

COMPANY _____ Contact Person _____

Address _____

Tel _____ EXT _____ Fax _____ E-mail _____

BANKING

Name Of Bank _____ Branch _____

Account # _____ Address _____

Tel _____ Fax _____

I hereby authorize the release of bank credit information for use in obtaining credit privileges:

Name _____ Title _____ Date _____

Company Name _____

26560 Agoura Road, Suite 105A, Calabasas, CA. 91302
Tel: 877.227.6603 Fax: 888.778-7889 www.coastalbronze.com