

**pacific**
Janitorial Supply Company
2175 Martin Ave.
Santa Clara, Ca. 95050
Phone (408) 727-0271 • Fax (408) 727-3082

CREDIT APPLICATION

BILLING INFORMATION:

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Person to contact in Accounts Payable: _____

SHIPPING INFORMATION:

Company Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____

OWNERSHIP:

_____ Proprietorship _____ Partnership _____ Corporation
If Proprietorship or Partnership, Owner's Social Security # _____
Dun & Bradstreet Number: _____

FINANCE:

Bank Name: _____
Address: _____
Account #: _____ Phone Number: _____
Person to contact at bank: _____

TRADE REFERENCES of companies with whom you have been doing business on open account for at least three months:

	NAME	ADDRESS	ZIP	PHONE NUMBER
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

We certify that all the information on this form is correct. Omission of information from this application may delay credit processing. We fully understand that your credit terms are **Net 10 Days** and agree to the proper payment in consideration of extended credit.

Signature: _____
Title: _____
Date: _____